Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 29 March 2018	**Paper No: 18/24**

Title of Paper: Oxfordshire CCG Risk Register

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

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 ≥ 20) on the Operational 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 Board is requested to review and note recent updates to OCCG risks:
There are three Red Strategic Risks with a rating of 20:

- AF21 - Transformational Change
- AF19 - Demand and Performance Challenges
- AF25 – Achievement of Business Rules

The score for risk AF26 – Delivery of Primary Care Services has reduced from 16 to 20 due to the reduction in pressure within Banbury.

There are four Extreme / Red Operational risks:

- 758 - DToC
- 762 – Pooled Budget Arrangements
- 789 – Primary ~Care Estate
- 797 – A&E Four Hour Wait

A summary of all *live* 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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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 ≥ 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

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

Review of the Risk Register since last OCCG Board meeting (25 January 2018)

All risks were recently discussed in the Directors Risk Review meeting on 1 March.
- The Strategic risk register was reviewed by the Audit Committee on 21 February
- The Financial risk register was reviewed by the Finance Committee on 22 March
- The Quality risk register was reviewed by the Quality Committee on 23 February

New Strategic risks
There are no new Strategic risks to report.

Changes and updates to Strategic risks:

AF19 Demand and Performance Challenge: the risk rating has remained at 20 with a Likelihood of 'Almost Certain' and Consequence as 'Major'.

- The summary of current mitigation remains unchanged as:
  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. Additional winter capacity purchased. 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.
- This Strategic risk continues to be an Extreme/Red risk for the CCG.

AF21 Transformational Change: the risk rating remains at 20 with a Likelihood of 'Almost Certain' and Consequence as 'Major'.

- The Summary of current mitigation has changed from:
  The Clinical Working Groups have now been established and are meeting. Phase 2 timeline has been mapped, subject to agreement of the scope and a revised Case for Change and PCBC is being developed. Engagement with OH, OUH and the public is taking place via the Working Groups and as part of the engagement plan.
  To:
- 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

AF25 Achievement of Business Rules: the risk rating remains at 20 with a Likelihood of 'Almost Certain' and risk Consequence as 'Major'.

- The Summary of current mitigation remains:
  17/18 System Risk Agreement in place and operational. CFO/COO Risk Mitigation Group meets fortnightly to oversee programme. Monthly reporting to CEO's on highlight and exception report basis. There has been little impact year to date of risk mitigation schemes. Internal Audit work has been commissioned to review internal controls on Continuing Health Care.

AF26 Delivery of Primary Care Services: the risk rating has reduced to 16 with a Likelihood of 'Likely' and Consequence as 'Major'.

- The Summary of current mitigation has changed from:
  All of primary care is challenged to some extent because of workload, workforce, infrastructure or other causes. The CCG is supporting individual practices through the GP Resilience Funding as necessary. Banbury primary care is particularly challenged. The locality groups are working up 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 CCTG has prioritised some recurrent funding to increase capacity in primary care.
  To:
  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). OCCG 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.

- Stabilisation in Banbury primary care has resulted in the reduction of the risk rating.

AF20 System Leadership: the risk rating has remained at 16 with a Likelihood of 'Likely' and a Consequence as 'Major'.

- The Summary of current mitigation has changed from:
  In general organisations are supportive of strengthening system wide working. Following a discussion at the Board workshop further actions the current Chair and Chief Executive will work with the incoming Chair to propose next steps.
  To:
- 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 and Wellbeing Board and subsequently our system work will align accordingly.

AF22 Quality: the risk rating has remained at 15 with a Likelihood of 'Possible' and Consequence as 'Catastrophic'.

- The Summary of current mitigation remains unchanged at:
  OCCG receives a wide range of information relating to the quality of services in Oxfordshire. Oversight of all these 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 and OCCG regarding quality issues.

Risks recommended for closure and merger
No risks are recommended for closure in the Strategic Risk Register.

Review of Extreme/Red Risks (score ≥ 20) on the Operational Risk Register
There are currently three Red risks in the Operational risk register.

758 DToC Reduction: the risk rating has remained at 20 with a Likelihood of 'Almost Certain' with Consequence as 'Major'.

- The Summary of Current mitigation has changed from:
- DTOC is being managed by System Flow Executive and reports to A&E Delivery Board. The BCF plan has some actions against all of the DTOC codes. OCCG has commissioned CHC D2A beds within the hub managed by OUH. Community hospital beds: a trusted assessor model between OUH and OH has been set up to assure that only those patients that need a rehab bed are referred to community hospitals. Nursing homes: OCCG and OCC jointly are commissioning additional block dementia and complex care beds for deployment from January 2018. Reablement: the HART mitigation plan is now deployed in full. HART staffing capacity has increased to 83% of plan. D2A care and therapy cover has been

commissioned. The centrally-funded Trailblazer team is now in operation in OUH supporting the discharge of homeless people. A discharge protocol for people with complex housing needs has been developed and will be worked up with district councils. Choice and self-funders: OUH and OH have separately accepted trajectory targets against this cohort. OH has funded dedicated internal and social work support to identify and manage complex cases. Out of area placements@ a process has been agreed with Northants to aim to manage flow of non Oxon patients more effectively in HGH. There is a significant amount of new work in OUH looking at stranded patients that has moved us towards a greater understanding of delay factors in internal ward processes and in transfers. A community and acute team supported by social work and the this sector is commencing a piece of work to identify those people who can go home and problem-solving the approach to getting them there safely and effectively.
To:

- DTOC is being managed by System Flow Executive and reported to A&E Delivery Board. The BCF plan has actions against all of the DTOC codes. Senior Responsible Officers are assigned to oversee each major DTOC coding. Trusts have DTOC targets. There is a significant amount of new work in the OUH looking at stranded patients that has moved us towards a greater understanding of delay factors in internal ward processes and in transfers. HART/reablement review underway.

762 Pooled Budget Arrangements: the risk has remained at 20 with a likelihood of 'Almost Certain' and a Consequence as 'Major'.

- The summary of current mitigation remains unchanged at:
  Revised Section 75 Agreement. Review of pooled structure and budgets are included. Internal audit review is planned on 'collaborative working arrangements' during 2017/2018 and will cover how the CCG will work with local authority and ensure CCG receives assurance on the money that is spent on its behalf. Risk reviewed at Audit and Finance Committee.

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

- The Summary of current mitigation remains unchanged as:
  Early drafts of the 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.

797 A&E Four Hour Wait: the risk rating remains 20 with a Likelihood of 'Almost Certain' with a Consequence as 'Major'. The summary of current mitigation has changed from:

- Winter Pressures funding agreed by NHSI/E to deliver improvement in A&E performance – schemes agreed to increase staffing, portering and cleaning, patient transport and communication. ECIP support in place and rapid gap analysis undertaken in October 2017. External Consultancy support in OUH to focus on flow.

To:

- 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 NHSI/E to deliver improvement in A&E performance – schemes agreed to increase staff, portering and clearing, patient transport and communication.

OCCG PRIORITIES:

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

Appendix 1 All OCCG risks presented under OCCG PRIORITIES			
802PRI1 – Operational Delivery	**AF19**	Demand and Performance Challenges	20
	AF25	Achievement of Business Rules	20
	AF22	Quality	15
	758	DToC Reduction	20
	797	A&E Four Hour Wait	20
	AF26	Delivery of Primary Care Services	16
	731	Urgent Theatre Cancellations	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
	770	Outpatient Communication Between Primary and Secondary Care	15
	762	Pooled Budget Arrangements – Financial Reporting	12
	799	Primary Care Workforce	12
	800	Learning Disability Service in Transition	12
	802	CAMHS New Model	12
	803	Cyber Attack	12
	765	CSU Performance and Resilience	9
	790	Horton Obstetric Led Unit	8
	796	Major Incident Response	8
	704	Patient Safety 111 Service	6
	AF21	Transformational Change	20
	AF20	System Leadership	16
	AF22	Quality	15
	789	Primary Care Estate	20
	758	DToC Reduction	20
	761	OCCG Savings Plan Delivery	16
	762	Pooled Budget Arrangements – Financial Reporting	12
	800	Learning Disability Service in Transition	12
	765	CSU Performance and Resilience	9
PRI3 – Devolution and Integration	**AF20**	System Leadership	16
	AF26	Delivery of Primary Care Services	16
	791	Stakeholder Engagement in Transformation	16
	758	DToC Reduction	20
	762	Pooled Budget Arrangements – Financial Reporting	12
PRI4 – Empowering Patients	797	A&E Four Hour Wait	20
PRI5 – Engaging Communities	**AF19**	Demand and Performance Challenge	20
	AF21	Transformational Change	20
	791	Stakeholder engagement in Transformation	16
PRI6 – System	**AF19**	Demand and Performance Challenge	20

Leadership	**AF20**	System Leadership	16
	758	DToC Reduction	20
	797	A&E Four Hour Wait	20
	731	Urgent Theatre Cancellations	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
	762	Pooled Budget Arrangements – Financial Reporting	12
	800	Learning Disability Service in Transition	12
	765	CSU Performance and Resilience	9
	791	Stakeholder Engagement in Transformation	9
	704	Patient Safety 111 Service	8
	796	Major Incident Response	8

OCCG Strategic Risk Register Executive Summary (in order of severity) 22/03/2018

AF21 FIN	**Transformational Change** 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.	25 20 20 20 20 20 16 16 16 16 16 20 20 20 Manager: Louise Patten Date opened: 05/02/2015 Target date: 31/07/2017	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
AF25 FIN	**Achievement of Business Rules** 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	20 12 12 12 16 16 16 16 16 16 16 16 16 16 20 Manager: Gareth Kenworthy Date opened: 10/02/2015 Target date: 31/03/2018	9 17/18 System Risk Agreement in place and operational. CFO/COO Risk Mitigation Group meets fortnightly to oversee programme. Monthly reporting to CEO's on highlight and exception report basis. There has been little impact YTD of risk mitigation schemes. Internal Audit work has been commissioned to review internal controls on CHC.
AF19 QPC	**Demand and Performance Challenges** 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.	16 16 16 16 16 20 20 20 20 20 20 20 20 20 Manager: Diane Hedges Date opened: 10/02/2015 Target date: 31/08/2018	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.
AF26 OPCCC	**Delivery of Primary Care Services** 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.	20 12 20 20 20 20 20 20 20 16 Manager: Diane Hedges Date opened: 01/11/2016 Target date: 24/09/2019	8 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 nurses, 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 prioritized some recurrent funding to increase capacity in primary care.

AF20 FIN	**System Leadership** 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 12 12 12 16 16 16 16 16 16 16 16 16 16 Manager: Louise Patten Date opened: 05/02/2015 Target date: 29/01/2018	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 QPC	**Quality** 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.	10 10 10 15 15 15 15 15 15 15 15 15 15 15 Manager: Sula Wiltshire Date opened: 09/02/2015 Target date: 29/06/2018	5 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.

OCCG Operational Risk Register Executive Summary (in order of severity) 22/03/2018

758 QPC	**DToC reduction** There is a risk that Oxfordshire will fail to deliver the agreed trajectory to reduce DTOC with an impact on patient experience and system flow. Oxfordshire has submitted a revised trajectory to reduce DTOC to 100 by the end of November and 83 by end	20 16 16 16 16 16 16 16 20 20 20 20 20 20 Manager: Ian Bottomley Date opened: 10/02/2015 Target date: 31/03/2018	8	DTOC is being managed by System Flow Executive and reported to AEDB. The BCF plan has actions against all of the DTOC codes. Senior Responsible Officers are assigned to oversee each major DTOC coding. Trusts have DTOC targets. There is a significant amount of new work in OUH looking at stranded patients that has moved us towards a greater understanding of delay factors in internal ward processes and in transfers. HART/reablement review underway.
762 FIN	**Pooled Budget Arrangements - Financial Reporting** 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.	8 8 8 8 8 8 8 8 12 12 12 9 20 20 Manager: Julia Boyce Date opened: 17/08/2015 Target date: 31/12/2017	6	Revised Section 75 agreement. Review of pooled structure and budgets that are included. Internal audit review is planned on "Collaborative working arrangements" during 2017/18 and will cover how the CCG will work with local authority and ensure CCG receives assurance on the money that is spent on its behalf. Risk reviewed at Audit & Finance Committee.
789 OPCCC	**Primary Care Estate** There is a risk that the Primary Care estate will not be fit for purpose and there will be insufficient funding to address this.	16 16 16 16 20 20 20 20 20 20 20 Manager: Julie Dandridge Date opened: 13/07/2016 Target date: 31/03/2021	8	Early drafts of the 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, Wallingford, Bicester, Upper Heyford, Didcot, Abingdon and Oxford City.
797 QPC	**A&E Four Hour Wait** 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.	12 16 12 12 20 20 20 Manager: Sara Wilds Date opened: 08/05/2017 Target date: 31/05/2018	6	February 2018 Realignment of A&E Delivery Board Improvement Plan in line with ECIP/Hunter, Carnall Farrer & CQC recommendations - senior executive leadership of priorities.December 2017 Winter Pressures funding agreed by NHSI/E to deliver improvement in A&E performance - schemes agreed to increase staffing, portering & cleaning, patient transport and communication. December 2017 review of A&E Delivery Board Improvement Plan to align with delivery of key priorities - joint workforce strategy, 8 High Impact Changes, ECIP and BCF. November 2017 bid submission of further proposals for winter pressures. ECIP support in place and rapid gap analysis undertaken October 2017. External Consultancy Support in OUH to focus on flow. A&E Delivery Board (A&EDB) developed and agreed winter plan October 2017 and NHS England/Improvement support plan. System Flow Executive reporting to A&EDB and looking at all aspects of flow. Project Director assigned to Board. Weekly COOs meeting System Flow Executive to address operational issues and strategic priorities.

798 QPC	**Performance in RTT and Cancer NHS Constitution Standards** There is a risk that patients will have poor outcomes and experience of care as a result the NHS Constitution standards not being met for RTT and Cancer. If patents wait beyond the specified times, particularly cancer, they may not receive treatment that gives them the best outcome.	20 16 16 Manager: Sharon Barrington Date opened: 06/06/2017 Target date: 30/03/2018	12	Monthly meetings held with OUH specifically to discuss RTT and cancer performance. Challenged speciality meetings monthly or bimonthly to discuss improvement plans in detail. Biweekly teleconferences held with NHSI, NHSE and OUH to discuss progress against plans. Cancer plan in place. RTT plan for medium term received from OUHFT and under final agreement. Review of plans carried out and communication with Trust re affordability and focus on the top 10 specialities. Risk assessment done of impact of RTT plans if specific specialities are focussed on. Quality Impact Assessment in progress. Phase 1 of QIA shared with Trust with Risk Assessment. Additional funding agreed to reduce gynaecology long waiting patients (starting at 46 weeks on the waiting list. Bid to NHSE for further funding for backlog clearance to reduce number of 52 week waits.
791 	**Stakeholder engagement in Transformation** There is a risk that if we do not fully involve & engage clinicians, staff, patients & public with the transformation programme we will encounter resistance to the proposed changes including, campaigns & potential failure to gain assurance of the programme through the Clinical Senate and NHSE.	16 9 16 16 16 16 16 16 16 16 16 Manager: Libby Furness Date opened: 31/08/2016 Target date: 31/08/2017	6	We are developing a plan for public engagement and consultation for Phase 2 of the programme. Clinicians are engaged in leading the Clinical Workstreams. The team is regularly engaging with the Clinical Senate and NHSE to ensure we meet the requirements for assurance.
771 QPC	**Inpatient discharge summaries** There is a risk that delayed discharge summaries from the Oxford University Hospitals NHS Foundation Trust (OUHFT) to primary care will lead to patients receiving sub-optimal care.	16 16 16 16 16 16 16 16 16 20 16 16 Manager: Helen Ward Date opened: 28/09/2015 Target date: 29/06/2018	4	Productive meeting on 5th Dec The steady increase in performance has continued and the Trust has reached 85.9% of discharge summaries being received in Primary Care in 24 hours. The trust is looking at the variation in performance between divisions and teams. They are looking at how to support behavioural change. The expected revised trajectory has not been received, this has been escalated at the last Contract Review Meeting. This is to be monitored through the SDIP.

735 QPC	**Oxford University Hospital NHS Foundation Trust Test Results** There is a risk that the lack of a comprehensive system to manage test results at the Oxford University Hospitals NHS Foundation Trust (OUHFT) will lead to delays in diagnosis and treatment and as a result patients may come to harm.	20 20 20 20 20 20 20 16 16 16 16 20 Manager: Helen Ward Date opened: 29/07/2014 Target date: 29/06/2018	4	Following a meeting on 5th December - The endorsement of test results has been chosen by the Trust as a measure of the way in which clinicians respond to the result of tests which they have requested. The number of test results endorsed within 7 days has remained static for the last year at just under 80%. In order to move away from this plateau the Trust is looking at culture and behavioural change. They will be supporting an organisational learning approach while at the same time making clear that endorsement of test results is expected of all clinicians. The expected revised trajectory has not been received, this has been escalated at the last Contract Review Meeting. This is now to be monitored through the SDIP on the contract.
761 FIN	**OCCG Savings Plan Delivery** There is a risk the OCCG savings plan will not deliver the savings required due to unknown system pressures materializing post risk share agreement and savings sign-off.	9 15 15 9 9 9 9 16 16 16 16 Manager: Hannah Mills Date opened: 17/08/2015 Target date: 31/03/2018	6	Planned care productivity, efficiency gains and demand management initiative factored into the 18 week medium term recovery plan developed by OUH reviewed at the System Oversight Group chaired by NHSE/I to mitigate costs of delivery.
770 QPC	**)utpatient Communication between Primary and Secondary Car** There is a risk that delays in outpatient communication from secondary care to primary care will result in sub-optimal patient care.	15 15 15 15 15 15 15 15 15 15 15 15 Manager: Helen Ward Date opened: 28/09/2015 Target date: 29/06/2018	3	Meeting on 5th December 2017. Trust has successfully piloted voice recognition software - there was strong clinician feedback and the communication time to the patient's GP was rapid. The Trust is looking at how to bring about sustained behavioural change alongside the technological enablement. The expected revised trajectory has not been received, this has been escalated at the last Contract Review Meeting. The business case for funding the roll out of VR software has been approved - OCCG are awaiting an update on the roll-out for this. This is now due to be monitored through the SDIP.
799 OPCCC	**Workforce in Primary Care** There is a risk that a lack of Primary Care workforce will affect the sustainability of Primary Care and affect services to patients.	12 12 12 Manager: Julie Dandridge Date opened: 11/07/2017 Target date: 31/12/2018	6	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 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.
802 QPC	**CAMHS waiting times** There is a risk that implementing a new CAMHS service model will not address long waiting times and will result in sub-optimal care for children and young people.	12 Manager: Lajla Johansson Date opened: 09/01/2018 Target date: 31/12/2018	6	The main risk mitigation is monthly Mobilisation Meetings for the new service model with Oxford Health. CCG monthly Contract Review Meeting for the performance of the contract.

803 FIN	**The Threat of Cyberattack on GPIT or CCG IT Systems** The risk and impact is dependent on the nature of the attack but can include the theft, loss, corruption of data, denial of service, impacting on business continuity, fraud and regulatory fines and litigation.	12	Manager: Gareth Kenworthy Date opened: 26/01/2018 Target date: 31/03/2019	8	Support contracts are in place for both CCG and GP practices, that include proactive (antivirus software, software updates)and reactive (system/data recovery) services. Staff training on cyber security issues is delivered. Gap, risk assessments and action planning through the IG Toolkit.
765 FIN	**CSU performance and resilience** The CSU capacity and capability may not be sufficient to meet the CCG's needs. This may impact Business Intelligence, Financial Management and Provider Contract management.	15 12 12 12 12 12 12 9 9 9 9 9	Manager: Gareth Kenworthy Date opened: 17/08/2015 Target date: 30/11/2017	4	Monthly/weekly SLA management meetings take place. Business Intelligence performance improvement plan is in draft. Contract extension negotiations have commenced with agreement to adopt all service specifications that were drafted for the LPF exercise.
790 QPC	**Horton Obstetric Led Unit** There is a risk that the emergency closure of the Horton Obstetric Led Unit and subsequent transition to a freestanding Midwifery Led Unit will result in sub-optimal care for mothers and babies.	12 8 8 8 8 8 8 8 8 8 8 8	Manager: Sarah Breton Date opened: 24/08/2016 Target date: 31/08/2018	4	Quality Improvement Assessment undertaken and reviewed by OCCG Board in September 2016. This included a set of Key Performance Indicators to monitor the impact of the emergency closure. Bi-monthly Contingency Plan Assurance Meetings held which are Chaired by the Director of Quality.
796 	**Major Incident Response** There is a risk that OCCG will not be able to respond appropriately to a major incident or business disruption.	8 8 8 8 8 8	Manager: Rachel Jeacock Date opened: 09/01/2017 Target date: 03/03/2017	6	The Business Continuity Plan and Major Incident Plan have been reviewed and approved by Executive Committee. Directors on call regularly participate in exercises and training to ensure skills remain up to date. OCCG has undertaken the annual EPRR Assurance Process with Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust.