NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 24 May 2018	**Paper No: 18/38**

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

There are four Extreme / Red Operational risks:

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

Despite all the actions being taken across the whole system in these critical areas these remain acute risks. These are systematic problems that the local health economy is struggling to manage and an indication of the stress that the NHS is under. This reiterates the real importance of the work we are undertaking to progress system working through revised arrangements to the Health and Wellbeing Board and other joint fora.

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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Date of Paper: 15 May 2018

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 (29 March 2018)

All risks were recently discussed in the Directors Risk Review meeting on 2 May
- The Strategic risk register was reviewed by the Audit Committee on 18 April
- The Financial risk register was reviewed by the Finance Committee on 22 March
- The Quality risk register was reviewed by the Quality Committee on 26 April

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 remains:
  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 has changed from:
  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.
  To:
  The CCG 18/19 financial plan, including risk assessment and mitigations has been submitted. OUH and OH Community Contracts are agreed. The OUH contract is a volume based PbR agreement with activity over-performance risk to be mitigated via activity management (contract) and demand management (savings) schemes. This is a higher risk contracting position to previous years.

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

- The Summary of current mitigation remains:
  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.

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 remains unchanged as:
- 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 five 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 remains unchanged as:
- 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 has changed from:
  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.
  To:
- A revised Section 75 Agreement was signed in July 2017 which covers the period up to 31 March 2019. The agreement and subsequent risk share followed a review of the pool structure and budgets that are included within in. The CCG internal audit team are currently carrying out an audit of the processes and procedures used in reporting.

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::
  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:

- 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.
  To:
- The A&E Delivery Board Improvement Plan was signed off by A&EDB at its meeting on 15 March 2018. It forms part of the CQC Action Plan agreed for the Oxfordshire system and sets out how A&E Delivery Board will deliver those actions necessary to improve flow through the urgent care pathway. The detail fo the plan has been reviewed by the System Flow Executive (SFE) in the light of Dr Ian Sturgess' event on 22 March. February 2018 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 NHS England to deliver improvement in A&E performance – schemes agreed to increase staffing portering and cleaning, 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 Challenge	20
	AF21	Transformational Change	20
	AF25	Achievement of Business Rules	20
	758	DToC Reduction	20
	789	Primary Care Estate	20
	797	A&E Four Hour Wait	20
	762	Pooled Budget Arrangements – Financial Reporting	20
	AF20	System Leadership	16
	AF26	Delivery of Primary Care Services	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
	AF22	Quality	15
	770	Outpatient Communication Between Primary and Secondary Care	15
	799	Primary Care Workforce	12
	800	Learning Disability Service in Transition	12
	802	CAMHS Waiting Times	12
	803	Cyber Attack	12
	765	CSU Performance and Resilience	9
	790	Horton Obstetric Led Unit	8
	796	Major Incident Response	8
	765	CSU Performance and Resilience	9
PRI3 – Devolution and Integration	758	DTOC Reduction	20
	762	Pooled Budget Arrangements – Financial Reporting	20
	AF20	System Leadership	16
	AF26	Delivery of Primary Care Services	16
	791	Stakeholder Engagement in Transformation	16
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 Leadership	**AF19**	Demand and Performance Challenge	20
	758	DToC Reduction	20
	797	A&E Four Hour Wait	20
	762	Pooled Budget Arrangements – Financial Reporting	20
	AF20	System Leadership	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
	765	CSU Performance and Resilience	9
	791	Stakeholder Engagement in Transformation	9
	796	Major Incident Response	8

OCCG Strategic Risk Register Executive Summary (in order of severity) 17/05/2018

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: 31/12/2019	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
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: 31/12/2018	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.
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 20) Manager: Gareth Kenworthy Date opened: 10/02/2015 Target date: 31/03/2018	12	The CCG 18/19 Financial Plan, including risk assessment and mitigations has been submitted. OUH and OH Community Contracts are agreed. The OUH contract is a volume based PbR agreement with activity over-performance risk to be mitigated via activity management (contract) and demand management (savings) schemes. This is a higher risk contracting position to previous years.
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	**Delivery of Primary Care Services**	20	12 20 20 20 20 20 20 20 16	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 prioritised some recurrent funding to increase capacity in primary care.
OPCCC	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.	Manager: Diane Hedges Date opened: 01/11/2016 Target date: 24/09/2019			

AF20	**System Leadership**	16	12 12 12 16 16 16 16 16 16 16 16 16 16	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
FIN	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	Manager: Louise Patten Date opened: 05/02/2015 Target date: 31/03/2019			

OCCG Operational Risk Register Executive Summary (in order of severity) 17/05/2018

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 end of November, 83 by end March	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: 31/12/2018	6	A revised Section 75 agreement was signed in July 2017 which covers the period up to 31 March 2019. The agreement and subsequent risk share followed a review of the pool structure and budgets that are included within it. The CCG Internal Audit Team are currently carrying out an audit of the processes and procedures used in reporting.
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	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

797	A&E Four Hour Wait	12	16 12 12 20 20 20	6	The AEDB Improvement Plan was signed off by AEDB at its meeting on 15/3/18. It forms part of the CQC Action Plan agreed for the Oxfordshire system and sets out how AEDB will deliver those actions necessary to improve flow through the urgent care pathway. The detail of the plan has been reviewed by the System Flow Executive (SFE) in the light of Dr Ian Sturgess's event on 22/3/2018. 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.
QPC	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.	Manager: Sara Wilds Date opened: 08/05/2017 Target date: 31/05/2018			

798	Performance in RTT and Cancer NHS Constitution Standards	20	16 16 16 16	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. Contract signed with OUH which includes some additional activity to reduce over 18 week number of patients.
QPC	There is a risk that patients will have poor outcomes & experience of care as a result the NHS Constitution standards not being met for RTT & Cancer. If patients wait beyond the specified times, they may not receive treatment that gives them the best	Manager: Sharon Barrington Date opened: 06/06/2017 Target date: 30/03/2018			

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 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 providers to primary care will lead to patients receiving sub-optimal care.	16	16 16 16 16 16 16 16 16 20 16 16 16 16 Manager: Helen Ward Date opened: 28/09/2015 Target date: 29/06/2018	4	OUHFT has seen a steady increase in performance. 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 is now being managed through the Quality Review Meeting & SDIP. OCCG is not yet aware of performance by OHFT, or independent providers and will endeavour to establish current practice and performance.
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 16 16 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 results of a review of the tail of the data and a revised trajectory are expected at a meeting with the provider on 19th June.
761 FIN	**OCCG Savings Plan Delivery** There is a risk the OCCG savings required due to unforeseen system pressures materalising	9	15 15 9 9 9 9 9 16 16 16 16 16 16 Manager: Hannah Mills Date opened: 17/08/2015 Target date: 31/03/2019	6	New contract oversight arrangements in development to manage Oxford University Hospitals Trust (OUH) contract within terms agreed. Workshop with Oxford Health Foundation Trust to mitigate and manage service pressures.

770 QPC	**Outpatient Communication between Primary and Secondary Car**	15	15 15 15 15 15 15 15 15 15 15 15 15 15	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 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. The expected revised trajectory has still not been received, OUH have indicated that May is a potential timeline to share this information.
	There is a risk that delays in outpatient communication from secondary care to primary care will result in sub-optimal patient care.	Manager: Helen Ward Date opened: 28/09/2015 Target date: 31/12/2018			
799 OPCCC	**Workforce in Primary Care**	12	12 12 12 12	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. Workforce survey (summer 2017) indicates 21 GP vacancies and a need for 84.5 additional GPs in 10 years due to housing growth.
	There is a risk that a lack of Primary Care workforce will affect the sustainability of Primary Care and affect services to patients.	Manager: Julie Dandridge Date opened: 11/07/2017 Target date: 31/12/2018			
802 QPC	**CAMHS waiting times**	12	12	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.
	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.	Manager: Lajla Johansson Date opened: 09/01/2018 Target date: 31/12/2018			
803 FIN	**The Threat of Cyberattack on GPIT or CCG IT Systems**	12	12	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.
	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.	Manager: Gareth Kenworthy Date opened: 26/01/2018 Target date: 31/03/2019			
804 	**e-RS Paper Switch Off**	9		3	Utilisation in Oxfordshire has traditionally been strong, however this has dropped since August 2017. A local e-RS working group has been formed between OCCG & OUH to ensure services are identified and placed online at acute provider level. A communications plan is in development between OCCG & OUH. OCCG has begun communication with Primary Care to ensure that GP understanding and awareness is maximised.
	A risk that NHS Oxfordshire CCG may fail to achieve the NHS Paper Switch Off (PSO) target of Oct-18 for e-RS. This may result in patient referrals being missed/not accepted, resulting in delays in treatment. Potential financial issues for OUHFT.	Manager: Liam Oliver Date opened: 23/04/2018 Target date: 01/10/2018			

765 FIN	**CSU Performance and Resilience** The Business Intelligence and IT infrastructure capacity and capability may not be sufficient to meet the CCGs needs	15 12 12 12 12 12 12 9 9 9 9 9 9 Manager: Gareth Kenworthy Date opened: 17/08/2015 Target date: 20/11/2019	4	Monthly/weekly SLA management meetings take place. Plan on a page for service transformation over next 18 months is completed in draft. IM&T Programme Board established.
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 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 8 8 Manager: Rachel Jeacock Date opened: 09/01/2017 Target date: 29/03/2019	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.