

## 811 AF28

### There is a risk that provider workforce constraints may impact on the ability of providers to deliver, leading to sub-optimal care.

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

### Summary of Current Mitigation

*Focus for providers and CCGs supported by the BOB Workforce programme has been to redeploy staff to support COVID response, vaccination programme and critical clinical services; this has included NHS returners and volunteers.*

#### Controls

03/07/2019 - Local Workforce Action Board oversees challenges from an STP level  
 07/01/2020 - The Local Authority have appointed a workforce transformation lead for adult services  
 07/01/2020 - Work across BOB to ensure a consistent resolution to the pensions issue  
 07/01/2020 - The Local Authority have developed a "finding a home in Oxfordshire" accommodation guide affecting high-earning staff in the NHS  
 07/01/2020 - Government funding for the Student Nursing bursary will support recruitment and training  
 07/01/2020 - Oxford University Hospitals have made substantive appointments into Human Resources, to lead the workforce agenda at the trust  
 07/07/2020 - COVID-19 economic impact has led to more staff being available to apply for health and social care positions.  
 07/07/2020 - Oxfordshire County Council have schemes to attract & retain staff, including virtual job fairs, social media advertising, wellbeing resources, virtual training and leadership development  
 07/07/2020 - Oxford Health have actively linked with other companies facing redundancies to provide a route into healthcare recruitment, wellbeing and staff support offers refreshed, leadership development programmes offered  
 09/09/2020 - International recruitment has taken place, with a new batch of 200 overseas nurses arriving shortly  
 30/10/2020 - BOB People Board being created, with a Workforce Programme Board lead to oversee  
 02/06/2021 – Most staff are now in substantive roles, except vaccination staff. Extensive mutual aid to support the vaccination programme, as well as volunteers

#### Gaps in Controls

03/07/2019 - External economic, housing, social & political constraints which LWAB has limited scope to mitigate  
 03/07/2019 - LWAB requires commitment from stakeholders across the system  
 07/07/2020 - External economic challenges from COVID-19 affect primarily people from industries outside of health and social care  
 07/07/2020 - Strain on healthcare professionals may lead to burnout and retention problems further down the line from COVID-19  
 09/09/2020 - Main providers report staff are not taking annual leave due to quarantine and social restrictions, which may lead to staff burnout and sickness  
 09/09/2020 - Training reduced due to impact of COVID-19, affecting the ability of staff to be supported effectively  
 09/09/2020 - Shielding staff seeking guarantees regarding working in COVID-19 free working environments, leading to delay in returning to supplement regular workforce  
 09/09/2020 - Adult social care has fewer opportunities for financial assistance and has found recruitment and retention more difficult.

#### Assurance

03/07/2019 - LWAB operates at STP level with participation from major stakeholders  
 22/08/2019 - No services have been closed as a result of staffing challenges  
 22/08/2019 - Primary Care forms part of the LWAB  
 22/08/2019 - Reports from providers on recruitment challenges allows some secondary assurance  
 22/08/2019 - Requirements for providers to include workforce in planning as part of the long term plan  
 31/10/2019 - Oxford Health NHS Foundation Trust are developing the Associate Nurse role  
 16/01/2020 - The LWAB has an action plan ongoing to implement the NHS People Plan  
 07/07/2020 - Local workforce leaders report broadly positive workforce impacts during COVID-19  
 15/07/2020 - Significant increase in applications for new student nurses  
 09/09/2020 - Weekly system capacity meeting has been a useful forum to raise workforce issues  
 09/09/2020 - Staff turnover low due to impact of COVID-19 across Oxfordshire and country as a whole  
 02/06/2021 – Marie Crofts Chief Nurse at Oxford Health is now key link for the work at BOB level

#### Gaps in Assurance

03/07/2019 - Not all stakeholders are represented or driving agenda  
 22/08/2019 - Recruitment information is only available as secondary assurance  
 07/07/2020 - COVID-19 has impacted the ability to work as a system on recruitment challenges

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Sula Wiltshire	31/12/2020	LWAB has an action plan to implement the actions from the NHS People Plan.	Actions are in progress, with log provided from latest LWAB	

**815** Poor cybersecurity leaves OCCG at risk of cyber attack. This can result in data loss, ransom, denial of service, business continuity impacts and a barrier to data sharing. The consequences can be financial, operational, reputational and regulatory.

**AF29**

	Initial	Current	Target
Likelihood	LIKELY	POSS	UNLIKE
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	16	12	8

### Summary of Current Mitigation

*Vulnerabilities have been identified. An action plan has been developed and adopted by the system group (ODSG). Progress on the action plan is reported to ODSG as joint delivery is required due to the shared network infrastructure.*

#### Controls

Aug 19 Included in system (ODSG) programme and interdependencies have been recognised and mapped.

Aug 19 Local cybersecurity arrangements are in place for individual organisations and the local network.

Aug 19 Audit processes are in place, including vulnerability and penetration testing at organisation and network level.

Aug 19 CCG SLA with CSU has been re-negotiated to include a commitment to deliver cyber security plus within 3 months GPIT support arrangements in place under contract via CSU. Including incident management.

Aug 19 CareCert reports flowing through to CCG.

Jul 20 Capital bids submitted to address network and hardware risks

January 2021 Capital bids approved (projects in progress)

January 2021 N365 order placed for CCG - comes with enhanced security measures and address some current vulnerabilities.

January 2021 Engagement from NHSE on local cybersecurity group

#### Assurance

Aug 19 CSU SLA

Aug 19 Workstream report to ODSG

Jan 21 CCG Internal Audit Report

Aug 19 Incident reporting from CSU on GPIT

Jan 21 CSU Cyber-Essentials accreditation

#### Gaps in Controls

Aug 19 Open cybersecurity focussed culture not yet evident in the system

January 2021 Bring Your Own Device policy not in place - increased risk as a result of COVID management response.

#### Gaps in Assurance

Aug 19 Sight of system partner audit reports.

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Cecile Coignet	31/03/2022	Take steps to help move cybersecurity organisation centric culture towards an open, system centric culture	Jan 21 - the cybersecurity working group has been tasked with identifying actions that could be done at system level in a more cost effective manner than within individual organisations.	
Cecile Coignet	30/07/2021	unmanaged devices such as appointment screens in practices can be a source of infection	Audit software deployed Plan developed to address	
		the scope of this piece of work has been greatly increased by the COVID crisis as staff were encouraged to purchase their own equipment to be able to work remotely.		
Cecile Coignet	31/03/2021	they introduce vulnerability in our infrastructure	2003 server replacement underway and software upgrade for 2008 servers planned (Covid delays) Jan 21 - mitigation plan and upgrade to take place Jan - Mar 21	
Cecile Coignet	31/03/2021	Bring Your Own Device Policy - rights and responsibilities to be determined.	Jan 21 -New Action	
Cecile Coignet	31/03/2021	System action plan adopted by ODSG	Progress update received by ODSG - awareness is growing. However, Gap in leadership at system level has caused delays. work resuming under new leadership	

Cecile Coignet	31/03/2021	Admin rights for local PCs to be fully restricted.	Project underway - dialogue with LMC underway. Slippage in anticipated delivery date due to delay in transfer of support services to CSU.
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**816** Risk that we do not implement digital solutions to provide a complete single shared care record for Oxon. The  
**AF30** consequence of this is that the benefits of delivering integrated person and population centred care aren't realised to their potential.

	Initial	Current	Target
Likelihood	LIKELY	POSS	UNLIKE
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	16	12	8

### Summary of Current Mitigation

*HIE available and being used in OUH and GP practices. Programme Plan in place to implement other parts of the records as well as HealthIntent (the PHM system) System governance arrangements established with the Oxfordshire Digital Steering Group (ODSG) having oversight of programme delivery, enabling the necessary buy-in for implementation and adoption. Primary care and OUH data now live in HIE. Funding is in place to progress introduction of OH and OCC data and the implementation of HealthIntent.*

### Controls

Aug 19 A platform/software solution is in place for Oxfordshire (Cerner HIE, HealthIntent and Patient Portal).  
 Aug 19 Oxfordshire is signed up to the LHCRE which will provide a shared care record and population health management capability.  
 Aug 19 System digital group has been established with all key stakeholders engaged. Reporting to system CEO group.  
 Aug 19 CCG staff engaged to provide the link and support to PCNs to adopt.  
 Aug 19 Programme and project management arrangements are in place.  
 Aug 19 Links in place to the Population Health Management workstream (public health led).  
 Mar 20 Funding received to 'onboard' community, mental health, social care and SCAS data.  
 Jul 20 HIE live for primary and secondary (acute, OUH) data  
 May 21: New contract agreement in place for Cerner to deliver next phase

### Gaps in Controls

Jul 20 Funding agreements to cover full scope of PHM capabilities (disease registries) and system analytic service.  
 Jul 20 National IG framework for data sharing.  
 Jul 20 system agreement and contract arrangement for ongoing supply and support  
 May 21: Signed off project plan for the next phase

### Assurance

Aug 19 Programme reporting to ODSG.  
 Aug 19 ODSG Terms of Reference - evidence that that this work is captured by system governance  
 Aug 19 ODSG and ISDB minutes – evidence that system oversight is in place.  
 Aug 19 Project highlight and exception reports.  
 Jul 20 Live HIE system available  
 Jul 20 Completed Data Sharing Agreements with GP Practices  
 Jul 20 Clinical Safety Officer Report(s)  
 May 21: CCN (updated contract) with Cerner to implement new data feeds and HealthIntent platform

### Gaps in Assurance

Jul 20 Oxfordshire system agreement for the ongoing management and support of the solution

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Cecile Coignet	23/06/2021	Updated plans for the next phase of the project need to be finalised. These include the updates to the current instance of HIE (MPI), the links to OH, RBFT, OCC and SCAS data. The onboarding of data into HealthIntent, the launch of the registries and the set up of the PHM analytics function.	April 2021: scoping workshop held with key stakeholders	
Gareth Kenworthy	26/02/2021	CCN needs to be drafted and agreed between Cerner and OUH covered next phase/phases of implementation. This includes how the HSLI funding is spent.	Completed April 2021	30/04/2021

Gareth Kenworthy	31/07/2020	Confirm ability to spend HSLI 19/20 capital on next stage of plans to onboard OH and OCC data.	<i>Implementation of Digital Solutions</i> Confirmed and transacted for 20/21 year end.	06/05/2021
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Other (specify in description), Jo Cogswell

Integrated System Risk

Priorities affected: PRI1: Operational delivery  
PRI2: Transforming health and care  
PRI3: Devolution and integration

PRI4: Empowering patients  
PRI5: Engaging communities  
PRI6: System leadership

Identified on: 01/07/2019

Target closure: 31/12/2020

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

	Initial	Current	Target
Likelihood	POSS	POSS	UNLIKE
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	12	12	8

### Summary of Current Mitigation

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

#### Controls

Aug 19 Review progress against programme of work to establish integrated care partnership for Oxfordshire. System focus across health and care to collaboratively work to identify and address population need.

Oct 19 System workshop to explore creation of an ICP led to set of ambitions to establish a revised operating model for an ICP

Sept 20 Whole System Recovery Group owns oversight of the plans to achieve recovery and the specific deliverables in the Phase 3 letter. Plans and progress are reported to WSRG and on to the BOB System Leaders Group. Reporting within the CCG is through Executive Committee

#### Gaps in Controls

Jan 20 Met by new operating model plans

#### Assurance

Aug 19 Programme management approach to the delivery of Oxfordshire 'place' workstreams. Scope, objectives and delivery plans subject to approval and monitoring.

Aug 19 Quarterly reports to Health and Wellbeing Board

Jan 20 Monthly Integrated Systems Delivery Board meetings to progress

May/Jun 2020: Oxfordshire working to respond to COVID-19

Sept 20 Regular reporting and escalation to Whole System Recovery Group, reporting through Executive Committee

#### Gaps in Assurance

Jan 20 Update report to 30th January Health & Wellbeing Board

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Jo Cogswell	31/12/2020	Implement the agreed operating model for Oxfordshire ICP Transformation through February 2020. To be operational from March / April 2020.	January 2020 New Action	
Jo Cogswell	31/12/2020	Work to develop a plan to deliver the requirements of the NHS Long Term Plan in Oxfordshire	January 2020 New Action	
Jo Cogswell	30/04/2020	Implement the agreed operating model for Oxfordshire ICP Transformation through February 2020. To be operational from March / April 2020.	January 2020: New Action June 2020: Approach to Recovery will support continued work at Oxfordshire level	

**818** There is a risk that cost pressures against OCCGs allocation will lead to non-delivery of the CCG statutory financial  
**AF32** duty and NHSE business rules. This would impact on future sustainability and viability and impact on providers and service delivery

	Initial	Current	Target
Likelihood	LIKELY	LIKELY	POSS
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	16	16	12

### Summary of Current Mitigation

*CCG has a draft H1 21/22 plan with a £1.5m deficit. This is due to investment commitments not funded in the allocation. The CCG does not hold a contingency reserve within the plan. The H1 deficit will need to be mitigated through non-recurrent means in year. Plans to close the anticipated H2 (and beyond) deficit through savings initiatives and disinvestment are to be commenced.*

### Controls

April 2021: CCG allocation, NHS block contract values and planning assumptions confirmed.  
 May 2021: CCG draft H1 financial plan produced  
 April 2021: In common financial governance arrangements created

### Assurance

April 2021: CCG allocations confirmed  
 April 2021: 20/21 financial performance targets delivered (subject to audit)  
 May 2021: H1 21/22 draft financial plan  
 May 2021: NHS provider block contracts confirmed as part of planning

### Gaps in Controls

May 2021: Savings plans that close the forecast gap are not yet identified  
 May 2021: No national guidance for financial regime that will be in place H2 21/22 on  
 May 2021: No ICS agreement on making investment priorities affordable  
 May 2021: Financial Regime and Operating Plan priorities leave only a small proportion of of the CCG programme spend available to make savings on  
 May 2021: Financial Regime and Operating Plan priorities leave only a small proportion of of the CCG programme spend available to make savings on  
 May 2021: No overall ICS financial sustainability plan  
 May 2021: Contingency Reserve released at plan stage

### Gaps in Assurance

May 2021: Submitted ICS plan for not compliant with breakeven duty  
 May: CCG H1 plan for £1.5m deficit  
 May 2021: Unmitigated net risk in H1 plan  
 May 2021: 21/22 H2 Financial Regime guidance outstanding

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Gareth Kenworthy	29/10/2021	Develop new arrangements for focus on cost and cost behaviour under new financial regime	Jul 20: action identified	
Gareth Kenworthy	30/09/2021	Budget holders to meet with DoF to review opportunities within review of discretionary spend. Plans to be drawn up for delivery and execution.	May 2021: Agreement to develop and share consistent framework, opportunities and approach across the 3 CCGs.	
Jenny Simpson	30/07/2021	Create H1 risk reserve from identified NR upside. Use to offset the H1 plan deficit	May 2021: potential headroom being identified	
Diane Hedges	31/03/2021	Development of agreed transition to ICP model.	May 2021: New proposals for Oxfordshire ICP arrangements produced. July 2020: Paused for initial COVID response, governance arrangement now being reintroduced from Oxfordshire Health Gold.	



*Use of Resources*

Mr James Kent

31/03/2021

Develop ICS plans for financial sustainability/recovery. Size of the ICS gap to be determined, oversight arrangements put in place and plans draw up to deliver improvement in the financial position back to breakeven.

May 2021: governance and oversight arrangements being scoped.

## 819 There is a risk that organisational change to the CCG may impact on the organisation's ability to continue to deliver the business/statutory duties

### AF33

	Initial	Current	Target
Likelihood	LIKELY	LIKELY	POSS
Consequence	MOD	MOD	MOD
Overall rating	12	12	9

### Summary of Current Mitigation

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

### Controls

Jan 2020 : Directors review and agree all vacancies  
 2019 : Senior Management Team established to keep oversight on priority projects  
 2019 : Agreed single Director Team and 'do once' approach  
 2019 : Joint workshops/development support put in place for staff  
 April 2020: Board agreed Governance Framework in light of COVID-19 response  
 June 2020: Weekly all Director meetings with AO  
 August 2020: BOB wide pieces of work on agreed priorities established as T&F work streams and resource pooled  
 Jan 2021: Coordinated response to redeployment of staff to support BOB wide priorities

### Assurance

2019: Minutes of SMT (Verto) show projects are on track  
 2019: Staff Survey comments indicated increased workload

### Gaps in Controls

2019 : Agreed work plans for all teams with agreed resource requirements  
 Jan 2020 : Alignment of priorities/processes across Bucks CCG and OCCG  
 March 2021: BOB CCGs wide agreement of priorities for 2021/22

### Gaps in Assurance

none

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Mr James Kent	30/06/2021	Consultation on Single Management Team commenced	01.2021: Consultation closed on 15 March 2021	
Catherine Mountford	31/10/2020	Directors to review priorities and workload with a particular focus on standing back up things that were paused during COVID response	21.08.2020: New Action 26.11.2020: Reported to Board 01.2021: Re-organised to support COVID second wave	
Catherine Mountford	30/09/2020	ADG work programmes	May 2020: Weekly meetings commenced Aug 2020: Combined Executive established (weekly meeting) and ADG stood down	
Catherine Mountford	21/09/2020	Develop Oxfordshire plan to implement Phase 3 requirements; staffing resources will be prioritised to delivering these	21.08.2020: First draft to be submitted to ICS by 01.09.2020 09.2020 Phase 3 plans submitted	

Other (specify in description), Helen Ward

Impact of non-delivery of phase 3 recovery trajectory

Priorities affected: PRI1: Operational delivery  
PRI2: Transforming health and care  
PRI3: Devolution and integration

PRI4: Empowering patients  
PRI5: Engaging communities  
PRI6: System leadership

Identified on: 23/08/2019

Target closure: 31/08/2020

820 There is a risk that Oxfordshire will not meet the NHS phase 3 recovery trajectories we have set and that we could  
AF34 have more patients waiting 52 weeks than forecast.

	Initial	Current	Target
Likelihood	POSS	LIKELY	UNLIKE
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	12	16	8

### Summary of Current Mitigation

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

#### Controls

07/01/2020 - Systems and processes are in place in provider organisations to assure patient safety  
07/01/2020 - Duty of Candour requirement on all provider organisations  
07/01/2020 - National quality targets are included in all NHS contracts  
07/01/2020 - Contract and Quality Review Meetings provide a regular opportunity to review performance and challenges for providers, along with the impact this is having on patient care  
16/01/2020 - Oxford University Hospitals has a process to escalate pressures on ED  
16/01/2020 - All cancer patients waiting over 104 days are reviewed for harm  
16/01/2020 - Oxfordshire CCG and Oxford Health are developing a process to review potential harm from long waits.  
16/01/2020 - Oxford Health triages each referral and has been asked to review long waiters to ensure their clinical condition is not becoming more acute while waiting  
07/07/2020 - Oxfordshire CCG working with providers to establish plan to reopen services as quickly and safely as possible  
15/07/2020 - The harm review process remains in place and has been refreshed  
14/10/2020 - Risk stratification is in place at OUH to ensure all patients are reviewed and urgency recorded  
14/10/2020 - Trajectories have been set by providers, signed off by NHSE/I to achieve agreed numbers of 52 week waits by march 2021  
14/10/2020 - Weekly assurance oversight meetings are held to review all long waiting patients  
02/06/2021 – Oxford University Hospitals have an established harm review process, using the royal colleges priority grading system. Specialties have risk stratified patients to understand and reduce harm through prioritization of need.  
02/06/2021 – All patients who have waited over 52 weeks are reviewed to establish whether they have suffered harm as a result of the wait. This includes psychosocial harm. Any case where moderate or severe harm is identified is investigated as a clinical incident.

#### Gaps in Controls

07/07/2020 - Impact of COVID-19 on services and diagnostics will impact on the ability to diagnose and treat people effectively  
14/10/20 - Impact of a second wave on services and delivery of planned care particularly ENT and Maxillofacial  
28/10/20 - Impact of staffing and other resource shortages due to winter and other pressures

#### Assurance

Aug 2019 - Finance Committee review monthly reports  
Aug 2019 - Executive Committee review of integrated performance report and finance report - covers known issues and emerging risks  
Aug 2019 - A&E Delivery Board and urgent care working group Aug 2019 - ISDB overseeing system  
15/07/2020 - CQC Ratings are available and monitored for all providers in Oxfordshire  
07/01/2020 - Oxford University Hospitals are rated as "Requires Improvement" overall as well as for Urgent Care and Gynaecology services  
07/01/2020 - National data is released demonstrating level of compliance against national targets and key quality measures  
07/01/2020 - Healthcare intelligence software and the commissioning support unit can support investigation of the causes and effects of failing to meet national targets  
08/01/2020 - Paper sent to Quality Committee, outlines additional monitoring being developed as a result of services being unable to meet waiting times pledges  
16/01/2020 - Patient safety incidents at Oxford University Hospitals are reported on the risk management system and overseen by the CCG at Clinical Governance Committee  
15/07/2020 - The 52-week harm review process has identified cases of moderate or major harm in planned care  
07/07/2020 - Oxfordshire CCG has several dedicated work stream cells focused on impact on care  
14/10/2020 - Harm reviews are reported and any actual harm reported through Divisional groups to Quality committee  
14/10/2020 - Trajectories are monitored weekly and are reported to NHSE/I by providers.

#### Gaps in Assurance

07/01/2020 - the CCG is reliant on information provided by other organisations (e.g. providers) and service users approaching the CCG directly with concerns  
281020 - Reporting is limited so information to make decisions and interpret is difficult

Action Assigned to:	Due:	Action Description:	Progress to Date:	Completed Date:
Sula Wiltshire	30/10/2020	OCCG is meeting with OUHFT to participate in reviews of patient harm caused by long waits for cancer treatment	Meetings are currently ongoing with OUHFT	
Sula Wiltshire	31/07/2020	OCCG is working with OHFT to agree a process to monitor harm to patients in Adult Mental Health and CAMHS caused by long waits.	OCCG collaborating with OHFT to agree a process, this remains ongoing and has been raised with Director of Nursing	

Other (specify in description), Helen Ward

COVID-19 impact on business as usual

Priorities affected: PRI1: Operational delivery  
PRI2: Transforming health and care  
PRI3: Devolution and integration

PRI4: Empowering patients  
PRI5: Engaging communities  
PRI6: System leadership

Identified on: 21/04/2020

Target closure: 31/12/2020

821 There is a risk the Oxfordshire healthcare system may be unable to balance the needs of patients with Covid-19  
AF35 with those without Covid-19 in order to deliver safe & effective care which may lead to patient harm.

	Initial	Current	Target
Likelihood	LIKELY	LIKELY	RARE
Consequence	MAJOR	MAJOR	MAJOR
Overall rating	16	16	4

### Summary of Current Mitigation

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

### Controls

Please refer to attached spreadsheet for details

31/10/2020 - Oxfordshire CCG is working with stakeholders to ensure that recovery plans are in place for all areas of health & social care

31/10/2020 - Buckinghamshire, Oxfordshire & West Berkshire CCGs are establishing & enhancing an incident control centre to ensure effective coordination to concerns as a result of COVID-19 and other challenges to local healthcare

03/03/2021: GP Datix system in place to report concerns which are escalated for action.

### Assurance

Please refer to attached spreadsheet for details

07/07/2020 - Emergency Control inbox to receive queries from external and internal sources, raising queries and concerns relating to COVID-19

07/07/2020 - several external and internal meetings relating to management of impact of COVID-19 on services

31/10/2020 - Information flow has improved from wave 1, ensuring that Oxfordshire is better placed to respond to concerns in wave 2

03/03/2021: Districts are supporting vaccination efforts for eligible non-attendees

03/03/2021: Providers have developed improved triage systems to ensure prioritisation to minimise harm. Harm review processes are in place

03/03/2021: Primary care activity has returned to normal levels

03/03/2021: Diagnostics retained as far as possible

03/03/2021: CCG has increased the support provided to practice to perform LD and SMI annual health checks

03/03/2021: Early indications are that mortality levels for Oxfordshire compare very well nationally

### Gaps in Controls

Please refer to attached spreadsheet for details

07/07/2020 - Provider workforce may be adversely affected by COVID-19 related sickness or isolation, impacting upon the care delivered

07/07/2020 - Availability of diagnostics services may adversely affect the ability of services to provide safe and effective care

31/10/2020 - A second wave of COVID-19 is in progress, which does not appear to be acting in an identical pattern, which makes predicting correct responses unclear

31/10/2020 - COVID-19 fatigue amongst staff and population may be leading to reduced compliance with social distancing and infection prevention measures, impacting upon rate of infection and subsequently ability of services to function as normal

### Gaps in Assurance

Please refer to attached spreadsheet for details

07/07/2020 - Due to unprecedented nature to challenge on health service, there is little to no evidence of the level of impact that may be sustained

03/03/2021: IPC requirements have reduced capacity, particularly in diagnostic

04/03/2021: 2ww cancer referrals are significantly below (72%) pre-pandemic level

