Oxfordshire Healthcare Transformation Programme

Programme Initiation Document

Programme Director: Damon Palmer

Date: 11th July 2016

Document Control

Amendment History

Version	Date	Amendment History
V1	28/6/16	First draft
V2	11/7/16	Second draft incorporating comments from Damon Palmer, Libby Furness, Corrine Yates and Andrew Dickenson

Reviewers

Name	Signature	Title and Responsibility	Date	Version

This is a controlled document.

Whilst this document may be printed, the electronic version is maintained by the Programme Office who hold the controlled copy. Any printed copies of the document are not controlled.

Contents

1. Introduction

The purpose of this document is to define the Oxfordshire Healthcare Transformation Programme (OHTP) in order to form the basis for the management and assessment of the success of the programme. This document will allow the Programme Board to ensure the programme has a sound basis before allowing major decisions to be made which may alter significantly the overall aims of the programme. It will act as a base document against which the Programme Board and Programme Director can assess progress, change management issues and on-going viability.

The three primary uses of the document are to:

- Ensure that the programme has a sound basis before asking the Programme Board to progress the programme
- Act as base document against which the Programme Board and Programme Director can assess progress, issues and on-going viability questions
- Provide a single source of reference about the programme so that people joining the organisation can quickly and easily find out what the programme is about, and how it is being managed.

2. Programme Definition

2.1 Background

Oxfordshire has a population of 672,000 and enjoys relatively good quality of life with higher than average earnings and low rates of unemployment compared with many other parts of the country. Oxford University Hospitals NHS Foundation Trust and Oxford Health Foundation Trust are among the largest providers of specialist care services in the UK, and work with the University of Oxford and with Oxford Brookes University to deliver world class medical research and development.

However, Oxfordshire's health needs are changing. Our population is growing with new developments in towns such as Bicester and Didcot. The number of over 65s and 85s is growing, increasing the number of people living alone with long term health problems. Already some patients are staying in hospital longer than necessary. While most people are discharged within a few days, a small number stay in hospital far longer, when they would do better at home surrounded by a network of family and friends, supported by health and social care professionals in their community. We have already begun work to tackle this but more needs to be done. The numbers of people diagnosed with dementia, obesity and diabetes continue to rise. There are also increasing numbers of children and young people needing access to mental health services.

Across Oxfordshire we spend around £1.2bn on health and care services each year. We are also due to receive £125 million more over the next five years. However, because of increasing demands on our services, if we don't change anything we could face a potential funding gap of £200m by 2020/21, which we can't afford to do. We need to ensure we use our finances to best effect and concentrate on ensuring

our funding supports services which are high quality and best practice so that patients get the best possible care.

The OHTP is clinically-led. Clinicians that see patients every day are leading the review of how health and care is provided locally and want to ensure it is based on the latest clinical thinking. We want to focus more on keeping people healthy and preventing ill health to shift care away from hospitals and make care available nearer to where people live and work. This approach is designed to avoid the need for treatment in hospital -unless that is the best place for you at the time. Our belief is that the best bed for your recovery is your own bed – wherever possible.

It is important to that patients, the public and all organisations involved, contribute their views and ideas throughout the development and implementation of the OTHP.

2.2 Programme Objectives and Desired Outcomes:

Our Vision for Oxfordshire is to have:

Best Care, Best Outcomes, Best Value for all the people of Oxfordshire

By this we mean that:

- **Accountability to patients will be clear and consistent**. A dedicated clinician responsible for their patient 27/7
- **Resources and infrastructure reallocated to match need and enhance convenience**. Online monitoring, longer appointments, diagnostic centres in the community
- **Staff make full use of their skillse**ts, working as a team, cutting across organisational boundaries, supported by modern technologies
- **The best bed is your own bed**. You are only admitted to a hospital bed when and where its absolutely appropriate to your needs
- **Prevent what can be prevented and level up inequalities.**

The OHTP intends to articulate, plan and deliver on healthcare system transformation in Oxfordshire that responds to the priorities set for the NHS nationally in the 'Five Year Forward View' strategic plan. The aim is to ensure the NHS is clinically and financially sustainable by 2020/12.

The programme seeks to deliver on all of the CCG's Corporate Objectives for 2016/17:

- Operational delivery
- Transforming health and care
- Devolution and integration
- Empowering patients
- Engaging communities
- System leadership

2.3 Programme Scope

This is a programme of transformation reaching across the health care system in Oxfordshire. To deliver on its vision, the programme will review services provided in the following 'work streams':

- Maternity services
- Children's services
- Acute and Integrated care (including emergency care, Long Term Conditions, and the fail elderly)
- Planned, diagnostics & specialist care
- Mental health, learning disabilities & autism
- Primary care.

To enable the effective delivery of models of care for the above work streams, the programme will also consider the impact and delivery of the following 'enablers':

- Finance and estates
- IT
- Workforce
- Quality.

The physical expression of healthcare changes developed through the work streams and supported by the enablers will be different in each of the six localities of Oxfordshire. Therefore, 'Locality Plans' will reflect system-wide transformational changes in each area according to the specific needs of local populations.

2.4 Out of Scope

The nature of programme means the scope is extensive. However, it does not cover the following NHS services:

- Primary Care Dentistry
- Primary Care Ophthalmology
- Pharmacy

There are some elements of the programme that will overlap and feed into an alliance (known as a 'footprint') across Buckinghamshire, Oxfordshire and Berkshire West (known as BOB). The BOB alliance is looking at services that derive best value by being tackled at scale, these work programmes are:

- Prevention
- Urgent care
- Acute care
- Mental health
- Workforce
- Digital interoperability.

The Oxfordshire Transformation Programme therefore feeds into BOB-wide activity and vice-versa; the scale (whether Oxfordshire or BOB) will be negotiated on a case-by-case basis.

Other than those services addressed at scale through BOB; the programme does not seek to influence services provided beyond Oxfordshire. There is a recognition that Oxfordshire services need to fully account and provide for patient flows in and out of the county. However, the programme only seeks to directly influence services commissioned in Oxfordshire.

The Transformation Programme does not directly include those services provided by Local Authorities. It will however seek to influence some Council services (for example where they shape healthy communities) in the pursuit of the programme's vision.

2.5 Constraints

Programme Budget

OCCG has agreed a budget for running the programme which has been set at £200,000. This will include legal and assurance fees, communications expertise and public consultation costs. Staffing costs for running the programme (i.e. Programme Director/ Programme Support etc) is in addition to this budget.

In addition a further £400,000 has been allocated for spend with South Central and West Commissioning Support Unit (CSU) by OCCG for analytical support, modelling, preparation of documents, communications, engagement and event management costs.

Delivering on the CCG Budget

OCCG has received an additional £48m for 2016/17, which is an above inflation rise of 7.1%. There is an expectation from Government that the rise in funding in 2016/17 will be used to help fund changes that will help make savings and efficiencies. The uplift this year gives the programme an opportunity to invest in change, find new ways of working and delivering services that can be sustainable in future years. Any delays to the programme and in particular, implementing changes to deliver savings in future years will reduce the ability to realise savings and on OCCG commissioning intentions.

Legal

CCGs have a legislative duty to ensure that they commission services which promote involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management. The programme will therefore need to ensure the duty is met throughout the pre-consultation, consultation and post-consultation phases. To ensure we meet the necessary legal duties, the programme has appointed a legal firm (Capsticks) to offer us advice and assurance.

In addition, health scrutiny regulations say NHS commissioners must consult local authorities where there is a 'substantial development of the health service'. We therefore must ensure the public and local authorities are fully engaged and consulted in any proposed changes to the health services in Oxfordshire. The programme is therefore subject to scrutiny and challenge by the Oxfordshire Health Overview and Scrutiny Committee (HOSC) which is a committee of Oxfordshire County Council.

NHSE Assurance

NHS England will expect ALL service change proposals to comply with the Department of Health's four tests for change, which are:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners.

The programme will need to provide robust evidence to NHSE to secure its assurance on proposed service changes before consultation can be launched.

2.6 Dependencies

The following dependencies have been identified:

Item	Dependencies
Whole programme success	• Effective leadership • Good collaboration of organisations across the health and care system • Clinical buy-in • Effective governance and programme management framework • Comprehensive stakeholder engagement plan • Sufficient resources and time to plan, consult and deliver on programme activity
Pre-Consultation engagement	• Clinical leadership • Stakeholder engagement plan • Case for Change • Opportunities within the programme for effective engagement i.e. where plans are at a stage where they can be influenced
Pre-Consultation Business case	• Case for change • Future models of care for workstreams • Options to deliver future models of care • Locality Plans • Finance and activity analysis/plan • Travel and patient flow analysis • Estates and workforce implications of delivery options • Business case for changes to community hospital

Item	Dependencies
	• Business case for changes to Horton hospital
Business case on changes to community hospitals	• Case for change • Future models of care for workstreams • Options to deliver future models of care • Locality Plans • Business case for changes to Horton hospital
Business base on changes to the Horton hospital	• Case for change • Future models of care for workstreams • Options to deliver future models of care • Locality Plans • Business case for changes to community hospital
NHSE Assurance process	• Arrangements with NHSE for assurance • Pre-Consultation Business Case • Evidence Base
Clinical Assurance process	• Commissioned review and agreed ToR with the Clinical Senate • Pre-Consultation Business Case • Evidence Base
Legal assurance process	• Commissioned legal advice • Pre-Consultation Business Case • Evidence Base
Consultation process	• Stakeholder engagement plan • Pre-Consultation Business Case • Public-facing consultation materials
Implementation Plans	• Fully analysed options • Outcome/feedback from consultation on options • Assessment criteria
Implementation	• Decision on options • Implementation Plans
External dependencies	
BOB Sustainability and Transformation Plan	• OHTP is mutually dependent on the BOB STP as it feeds and is influenced by system transformation plans at this level.
Local Authority provision/ reduction in community services (especially Adult Social Care and Childrens Services)	• Funding decisions taken by Oxfordshire County Council following their grant allocations from DCLG. • Outcome of Oxfordshire County Council consultation/decision on ASC service provision. • Potential devolution of single health and social care budgets.
Local Authority decisions impacting on ability to deliver healthy communities	• Funding and policy decisions taken by individual Local Authorities

Item	Dependencies
Funding for transformation	• Availability of funding and ability to allocate spend according to delivery plans

2.7 Assumptions

The following assumptions have been made in relation to the programme:

- Business as usual will not enable health services to meet future demand within the resources it will available
- Service redesign will be necessary to achieve the desired transformation
- Service reconfigurations may be necessary to achieve the desired transformation
- Patients, the public and clinicians will be involved in developing future models of care and future options
- Public consultation on options for service reconfiguration will be undertaken for a minimum of 12 weeks
- The proposed options for future service delivery will be publically and politically contentious
- Prevention will be fully integrated to future delivery of health care services
- Changes to provision will happen at the most appropriate scale (BOB/county/locality) to achieve best value
- Patient flows will determine the extent to which neighbouring areas (including commissioners/providers/patients) are engaged
- No decisions on future provision will be made until after full public consultation has concluded and reported
- Funding for the development of the programme will be met by the CCG
- Providers will field necessary expert and clinical support for the development and implementation of the programme.

2.8 Users & Other Known Interested Parties

The following internal stakeholders have been identified to include:

- CCG Staff
- CCG Clinical Directors
- CCG Executive
- CCG Board

The following external stakeholders have been identified to include:

- Oxford Health
- Oxford University Hospitals
- Oxfordshire County Council
- Health Watch
- NHS England
- South Central Ambulance Service
- Oxfordshire GP Federations
- Oxfordshire Health and Overview Scrutiny Committee
- Oxfordshire Health and Wellbeing Board

- GP's, clinicians and all health and care staff
- Oxfordshire (and bordering) MP's

A stakeholder map is shown in appendix A.

3. Programme Approach

The programme will adopt a Managing Successful Programmes (MSP) approach to deliver in a structured and controlled manner. The approach seeks to ensure the programme delivers against its vision.

A Programme Initiation Document (PID) is produced and signed off by the Programme Board to ensure that the programme starts in an ordered manner and that all key deliverables and outcomes are agreed and documented.

Throughout the programme, the Programme Manager will control, monitor and report on programme progress. This will include the management of issues, changes, risks, stages and deviations from agreed tolerances. The key stakeholders are kept informed of the progress of the project using verbal or written status reports.

Once all deliverables are accepted and signed off by stakeholders, the programme is brought to a controlled end. Programme success can then be assessed against the Business Case and programme benefits to determine success and a review of the programme is undertaken on completion to determine any learning points that can be fed into future programme delivery.

4. Business Case

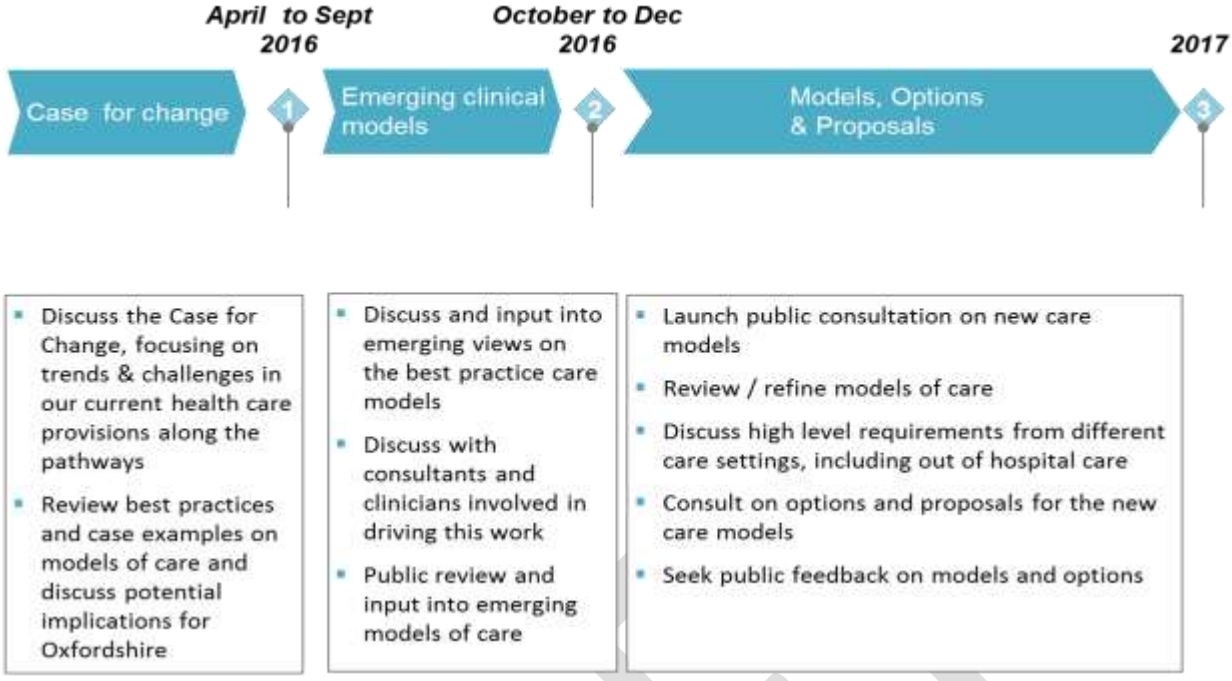
Outcome

The outcome of the programme is intended to be a health and care system for Oxfordshire that closes a gap in:

- Finance
- Quality
- Inequality

Timescale:

The programme seeks to deliver within the following timescales:



A decision on options for implementation will be dependent upon consultation feedback. This is due in spring 2017; following this a programme implementation plan will be developed that will roll out to the end of the period covered by the Five Year Forward View; to the end of 2020/21 financial year.

Cost:

The programme has the following costs identified over the period 2016-2021:

Item	Programme Life Cost (000's)
Internal staffing costs	£700
Analytical consultancy	£400
Communication, Engagement and Consultation staff/consultancy	£200
Communication, Engagement and Consultation costs	£100
Assurance and advice costs	£150
Capital Investment in new service provision	TBC
Total	**£1.55 million**

5. Programme Management Structure and Roles

A Transformation Board will oversee the programme. It comprises Oxfordshire Clinical Commissioning Group (OCCG), Oxford Health NHS Foundation Trust (OHFT), Oxfordshire University Hospitals NHS Foundation Trust (OUHFT), South

Central Ambulance Trust (SCAS), Oxfordshire County Council (OCC) and the Oxfordshire Primary Care Federations. Its joint purpose is to develop plans for the next generation of integrated GP, hospital and social services. Its aims are to:

- Provide innovative ways of delivering outcomes for a society that lives longer and expects more
- Maximise the value of Oxfordshire's health and social care spend
- Find ways to become better at preventing and managing demand
- Help individuals to take greater responsibility for their own health

The Board is not an executive body, so it will look to work through the existing structures in the county, e.g. the boards of individual organisations, the Health and Wellbeing Board (and the Oxfordshire Joint Health Overview and Scrutiny Committee in terms of scrutiny).

The following roles have been identified for the management of the programme:

Role	Purpose	Designated body/person
Sponsoring Group	Responsible for defining the direction and ensuring overall alignment of the programme with the strategic direction.	Transformation Board
Accountable Body	Responsible for determining the scope, shape, plans for and authorisation of service reconfiguration (including decisions on consultation) as a result of the Transformation Programme. Responsible for the investment decisions.	OCCG Board
Programme Board	Responsible for defining the acceptable risk profile and thresholds for the programme, ensuring the programme delivers within its agreed boundaries, resolving strategic issues between projects, understanding and managing the impacts of change. Signing off key strategic documents and delivering assurance on the programme.	OTHP Programme Board (TBC- see separate Governance Framework)
Senior Responsible Owner (SRO)	Accountable Officer for the successful delivery of the programme.	OCCG CEO
Deputy SRO	Deputises for SRO on key decisions and issues for the programme.	OCCG CCO
Programme Director	Creating and communicating the vision for the programme, providing clear leadership and direction throughout the life of the programme, securing investment needed, ensuring delivery of a coherent capability, establishing the governance arrangements, ensuring viability of the business case, maintaining communication and alignment with senior managers, ensuring assurance is in place, monitoring key strategic risks, chairing the programme board.	Programme Director (system appointment)

Role	Purpose	Designated body/person
Programme Manager	Day-to-day management of the programme. Planning and designing the programme and monitoring its progress. Developing and implementing the governance framework, coordinating projects and their interdependencies, managing the programme budget. Manages workload of the Programme Officer.	Strategy & Transformation Manager (OCCG)
Programme Officer	Day to day administration of the programme, maintaining up-to-date files, documents and records. Arranging and planning PMO meetings	Programme Support Officer (contracted)
Strategic Engagement Lead	Managing and coordinating engagement plans with ALL stakeholders. Including maintaining an overview of engagement activity with; a) public and patients, MP's, partner stakeholder organisations b) staff c) clinicians	Head of Strategy & Transformation (OCCG)
Patient, Public and Partner Engagement Lead	Managing, planning and coordinating consistent and effective communication and engagement with patients, the public, external stakeholder organisations and MPs for the programme	Head of Communications (OCCG)
Clinical engagement Lead	Plans, coordinates and manages the engagement with clinicians	Planning & Transformation Manager (OCCG)
Workforce Engagement Lead	Plans, coordinates and manages the engagement with staff	#TBC#
Document Manager	Manage the drafting, editing, production and collation of key strategic documents including management of the programme's 'evidence library'.	Head of Strategy & Transformation (OCCG)
Programme Business Case	Manage the production of the full business case for consultation	Programme Director (system appointment)
Community Hospitals Business Case	Manage the production of the business case for consultation on community hospitals	COO (Oxford Health)
Horton Hospital Business Case	Manage the production of the business case for consultation on the Horton Hospital	Executive Director (Oxford University Hospitals)
Equality Analysis	Lead the production of an Equality Analysis for the programme and guide EA production across each work stream	Equality & Access Manager (OCCG)
Analytic Support	Provide analytical support to clinical work streams and Locality Plans on financial modelling and travel flow analysis	Programme Director Transformation & Consultancy (SCW CSU)

6. Quality Management Strategy

To ensure the programme delivers quality and safety throughout the duration of the programme we will establish a Quality Working Group that will integrate the consideration of quality throughout the workstreams and locality plans. The following stages will be followed to deliver this:

- Undertake an analysis and quantification of the quality gaps we have identified
- Meetings with Work Streams Leads to ensure they are sited on and developing plans to address specific gaps relevant to their pathway re-design
- Discussing and advising on the pathway specific care and quality gaps identified by workstream in the first phase of the clinical pathway work
- Holding the overview of plans for getting consistency in care and quality and closing any gaps that exist at both at an Oxfordshire and BOB level
- Working with the other support groups: H&WB, finance, estates, workforce and IM&T to provide consistent and coherent support for clinical workstreams and systems transformation.

7. Risk Management

A Risk Register forms the basis of the programme's risk management approach. The Programme Director will be responsible for managing the risks within the programme and works with the Programme Manager to record and monitor the Risk Register. The Programme Manager will also ensure that all risks raised and their mitigations will be feedback to the Programme Board either for information or for escalation.

The Risk Management process is as follows:

- Programme team members raise all risks they are aware of directly with the Programme Manager (PM)
- The PM will if appropriate define the severity of the risk, and make an initial assessment including impact, proximity, ownership etc. This includes an initial assessment as to the level of risk; i.e. programme, programme or corporate level.
- The PM will maintain and monitor the Risk Register.
- The PM will seek monthly updates from risk owners, and will be responsible for tracking and updating the register accordingly.
- At Programme Board level the PM will escalate or update the Programme Board on all risks to the programme and their mitigations.
- The Programme Board will ensure that any programme risks deemed as a potential corporate risk are escalated as required into the Corporate Risk Management process.
- The programme's strategic and operational risks are reported through the CCG Director's Risk Review meeting (bi-monthly).

8. Communications

Appendix A details the list of stakeholders for the programme; a Transformation Communications and PPI Group will oversee ongoing communications and consultation with all stakeholders.

The following internal programme communications plan seeks to ensure all those involved in the development an d implementation of the programme receive effective and timely communications.

Form of Communication	Frequency	Provided by	Received by
Highlight reports giving regular updates on programme progress including risks and issues	Monthly	Programme Director	Transformation Board
Programme board meeting documentation (agenda, minutes etc.)	Monthly	Programme Manager	Programme Board
Checkpoint reports giving feedback on the status of work for each member of a team	As required	Each Lead	Programme Director and Programme Manager
Work Package provides the tasks to be completed by programme team.	As required	Programme Manager	Programme Teams
End Programme reports gives the summary of progress to date, overall programme situation and sufficient information to allow the Programme board to decide the programme success. Also follow on actions report and lessons learned report	At programme closure	Programme Manager	Programme Board

9. Programme Controls

9.1 Programme Plan

The following outlines the stages involved in delivering the programme, each being reviewed at its beginning and end before moving onto the next stage.

Phase	Activity	Timescale
Phase 1 – Initiating the programme	Establishing the programme plan, governance and management arrangements	March 2015-March 2016
Phase 2 – Development of models and options	Using evidence to review existing service provision, develop new	March 2016- July 2016

Phase	Activity	Timescale
	models of care with associated options. Establish assessment criteria.	
Phase 3 - Assurance	Gain legal, clinical and NHSE assurance on future service design for consultation	September 2016
Phase 4 – Consultation	Consult on service changes	October 2016-December 2016
Stage 5 – Decision	Using consultation feedback and applying assessment criteria to make a decision on which option(s) to implement	March 2017
Stage 6- Implementation and monitoring	Agree and undertake an implementation plan to roll out changes. Monitor roll out, making adjustments as necessary	April 2017-March 2021
Stage 7 – Programme review and closure	Review the outcomes and benefits of the programme. Close the programme	March 2021

9.2 Programme Reporting

The following documents will be maintained to deliver the programmes within the agreed deadlines and also to monitor and inform of progress to the Programme Board.

Programme Plan – these will be reviewed during the Programme review meeting in order to check progress against the plan and to enable the Programme Manager to take the appropriate mitigating action.

Highlight Reports – this will be produced monthly for the Programme Board and copied to the Programme Team.

Exception Reports – This will be produced for early warning of any forecast deviation beyond tolerance levels.

Risk Register – This will be maintained and monitored by Programme Manager.

Change Control Process - Any changes to the scope of the programme will be managed through change control. Any changes identified will be communicated to the Programme Manager who will then process the change request for estimates/impact assessment. Any changes will need to be approved by the Programme Board.

9.3 Initial Programme Risk Register

See Appendix B

9.4 Agreed Tolerances

- The amount of time tolerance on slippage of target completion date is +/- +20 working days.
- The amount of financial cost tolerance on slippage of budget including any contingency is +/- £40k.
- Scope variation has zero tolerance and any changes are agreed via the Programme Board.

10. Appendices

Appendix A: Stakeholder Map

Id	Stakeholder Name	Programme Role	RACI				Attitude for change		Influence (H/M/L)
			Responsible	Accountable	Consulted	Informed	For	Against	
1	CCG Staff	To be aware of the changes			✓	✓	Neutral		L
2	CCG Clinical Directors	To support the development and implement the changes	✓	✓	✓	✓	Neutral		H
3	CCG Executive	To support the development and implement the changes	✓	✓	✓	✓	For		H
4	CCG Board	To decide upon, support the development of and implement the changes	✓	✓	✓	✓	For		H
5	Oxford Health	To support the development and implement the changes		✓	✓	✓	For		H
6	Oxford University Hospitals	To support the		✓	✓	✓	For		H

Appendix A: Stakeholder Map									
Id	Stakeholder Name	Programme Role	RACI				Attitude for change		Influence (H/M/L)
			Responsible	Accountable	Consulted	Informed	For	Against	
		development and implement the changes							
7	Oxfordshire County Council	To engage with the changes			✓	✓	Undetermined		M
8	Oxfordshire District Councils	To be aware of the changes			✓	✓	Undetermined		L
9	Community and Voluntary Groups (providers)	To engage with the changes			✓	✓	Undetermined		M
10	Community and Voluntary Groups (general)	To be aware of the changes			✓	✓	Undetermined		L
11	Health Watch	To engage with the changes			✓	✓	For		H
12	NHS England	To assure the proposed changes	✓	✓	✓	✓	Neutral		H
13	South Central Ambulance Service	To engage with the changes			✓	✓	Undetermined		M
14	Oxfordshire GP Federations	To support the development and			✓	✓	For		M

Appendix A: Stakeholder Map									
Id	Stakeholder Name	Programme Role	RACI				Attitude for change		Influence (H/M/L)
			Responsible	Accountable	Consulted	Informed	For	Against	
		implement the changes							
15	Oxfordshire Health and Overview Scrutiny Committee	To engage with the changes	✓	✓	✓	✓	For		H
16	Oxfordshire Health and Wellbeing Board	To engage with the changes			✓	✓	For		M
17	GP's, clinicians and all health and care staff	To engage with the changes			✓	✓	Mixed		H
18	Oxfordshire (and bordering) MP's	To be aware of the changes			✓	✓	Undetermined		M
19	Patients	To benefit from the changes			✓	✓	Neutral		L

Appendix B: Risk Register

Risk Theme	Risk Description	Impact 1(L) - 5(H)	Probability 1(L) - 5(H)	Score	Mitigating Actions Required
CCG Strategic Risks					
Strategic Risk	There is a risk that health (primary, secondary and community) and social care will not be able to	4	5	20	a) Establish a system-wide Transformation Board to oversee

Risk Theme	Risk Description	Impact 1(L) - 5(H)	Probability 1(L) - 5(H)	Score	Mitigating Actions Required
	respond to the challenges in the 5 Year Forward View leading to risks in the quality and safety of clinical care and financial sustainability across the Oxfordshire system.				the OHTP b) Appoint a Programme Director to drive the OTHP c) Develop a programme structure, governance and plan through which to manage/deliver the OHTP. d) Create a robust Pre-Consultation Business Case to articulate the evidenced-based proposals for assurance and consultation.
CCG Operational Risks					
Engagement	There is a risk that if we do not fully engage with clinicians, staff, public and patients in the transformation programme, then we can expect to see a lack of understanding of the programme, people to resist/sabotage its progress, campaigns against changes and failure to assure the programme by NHSE and the Clinical Senate. This is significant in respect to the success or failure of the whole programme.	5	4	20	a) Carry out a thorough stakeholder analysis b) Agree, resource and execute a stakeholder engagement plan for clinicians, staff, public, patients, partners, MP's and stakeholder organisations c) Ensure engagement/consultation feedback is given full and due consideration in the decision making process (including allowing sufficient time for analysis and digest of the feedback)
Legal	There is a risk that should a judicial review take place on the OHTP we can expect a very long, costly and potentially damaging legal process, resulting in reputational damage, a delay or stop to the whole programme which is significant to the success of the transformation programme	5	4	20	a) Appoint legal advisers for the process b) Schedule/allow/factor in time to get sufficient legal advice and assurance c) Get independent assurance on

Risk Theme	Risk Description	Impact 1(L) - 5(H)	Probability 1(L) - 5(H)	Score	Mitigating Actions Required
					each element with a potential for challenge attached (e.g. Clinical Senate/Legal Assurance/ NHSE Assurance)
Programme Management	There is a risk that if the OHTP is not established with an effective governance framework and/or is not properly resourced (staff/skills/budget), we would fail to deliver a programme that meets the statutory duties on the NHS, which may increase the likelihood of a judicial review which is significant to the success of the transformation programme	4	4	16	a) Develop and agree a programme governance framework b) Produce a fully-costed programme plan (identifying staffing resources/items for outsourcing) c) Produce a budget forecast and plan
Programme Risks					
Leadership	There is a risk that if we fail to have strong and collaborative leadership for the programme, which may become possible given scale and nature of change proposed, leading to tensions as collective agendas challenge organisational interests, then we can expect the breakdown of current collaborative approaches and difficulty in adhering to agreed governance processes which is significant in respect to steering and delivering the transformation programme	5	3	15	a) Continue regular and informal relationship building b) Ensure governance process and expectations on leaders within it are clear and adhered to
Evidence Base	There is a risk that if we are unable to provide robust evidence for the proposals contained within the PCBC (and its relevant components), then we can expect significant challenge to the proposals by NHSE, the Clinical Senate and the public which increases the likelihood of a legal challenge which is significant in relation to the delivery and achievement of all the outcomes of the programme.	5	4	20	a) Create and populate an evidence library for the whole programme (broken down by constituent parts)