

Standard Risk Register

Report Date	31 Dec 2018
Risk Status	Open
Service Line	Information Management & Technology, Primary Care Commissioning , Primary Care Improvement
Control Status	Existing
Action Status	Outstanding

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Risk Ref	Risk Title	Corporate Objective	Created Date	Cause & Effect	Inherent Risk Priority	Risk Control	Control Assurance (1st Line)	Control Assurance (2nd Line)	Control Assurance (3rd Line)	Assurance Level	Comments	Residual Risk Priority	Action Required	Progress Notes	Latest Review Comments	Latest Review Date
PCIM 6	Increase in EColi bacteraemias from the 2016/17 baseline Risk Owner: Joanne Greengrass Delegated Risk Owner: Last Updated: 11 Dec 2018	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	23 Oct 2017	Cause If there is not a decrease in the number of EColi bacteraemias Effect Then this could have an impact on the CCG Quality premium targets.	I = 4 L = 4 16	Every EColi bacteraemia will have a post infection review for learning. Monitoring of action plan by the ICS Quality Group						I = 4 L = 4 16	Implementation of the Gram negative infection action plan Person Responsible: Joanne Greengrass To be implemented by: 30 Mar 2019		A deep dive of the August ECOLI bacteraemias has been undertaken as there were very high numbers in August.	11 Dec 2018

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PCIM7	Primary Care Quality concerns at Health Hill Surgery Risk Owner: Joanne Greengrass Delegated Risk Owner: Last Updated: 19 Dec 2018	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	06 Nov 2017	Cause If the quality and patient experience does not improve at the practice following changes in personnel Effect then there is a risk to good patient care and experience which could impact on the CCGs reputation and resilience to support the practice population.	I = 5 L = 5 25	CQC inspection and report published Sept 2018. Practice inadequate overall and in special measures.	Monthly assurance meeting	CQC to visit in Oct 2018 for progress on warnings.					I = 5 L = 3 15	support practice with regular CCG and practice meetings to be assured on action plan progress, returns, and finance. Person Responsible: Hayley Edwards To be implemented by: 11 Jan 2019	23 Nov 2018 Hayley Edwards Task and Finish Group meet on a weekly basis to review the Heath Hill merger process and any concerns raised week on week. Members include NHSE, LMC, CCG PC AD, CCG Quality Director and CCG Comms. Escalations immediately picked up by the appropriate senior manager for action.	CQC have visited the practice to review breach notices and have published the report. Improvement seen in those areas. Merger is progressing. Weekly meetings to monitor progress and any concerns.	11 Dec 2018
						East Berkshire Out of Hours have confirmed the supply of a salaried GP and OOHs GP cover should Heath Hill require it in the case of an emergency termination of Dr Judges GMS contract											
						GMS contract mechanisms implemented through breach notices and legal advice taken on options to secure quality and resilient service											

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						The Practice has an action plan in place which has been agreed with the CCG								<p>28 Aug 2018 Hayley Edwards Monthly meetings with Heath Hill, the remedial notice remains due to Finances. Clinical rota sent to HE on a weekly basis in August to ensure safe cover is delivered.</p> <p>11 Dec 2017 Joanne Greengrass</p>		

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														The Practice has been given a number of actions to complete but these have not been done. CQC were unable to inspect the practice as their registration was not up to date. The registration forms have now been completed by the practice.		

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													<p>CCG to meet with the practice for progress on the action plan and to have an assurance visit.</p> <p>Person Responsible: Joanne Greengrass</p> <p>To be implemented by: 28 Feb 2019</p>	<p>02 Jan 2018 Joanne Greengrass</p> <p>The CCG is meeting and having regular updates from the practice on the action plan.</p>		

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PCIM4	Adherence to the wound formulary Risk Owner: Catriona Khetyar Delegated Risk Owner: Last Updated: 27 Jun 2018	TBC	24 Jan 2017	Cause If Tissue Viability expertise is limited the District and Practice Nurses may inappropriately request dressings from FP10 Informed at March Wound Care Advisory Group that 1 TVN is leaving the service which may impact TVN service which in turn may impact adherence to formulary for Woundcare Effect Increase in Primary Care prescribing budget	I = 4 L = 4 16	Quarterly meetings with Tissue Viability nurses to discuss adherence to the formulary, cost per base. Monitoring EPACT data on Primary Care. Training with Practices who outside the norm. Tissue Viability nurses to educate DN. Pharmacist and Clinical leads can visit the practice. Report through Quality channels to decide whether contractual levers are required.						I = 3 L = 3 9	Person Responsible: To be implemented by:		There is no change to this risk	11 Dec 2018

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PCIM8	Workforce in Primary care Risk Owner: Joanne Greengrass Delegated Risk Owner: Hayley Edwards Last Updated: 31 Dec 2018	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	19 Oct 2018	<p>Cause If the rate of Practice Managers leaving Primary care continues at the current rate</p> <p>Effect then there is a risk practices will not be compliant with CQC, loss of organisational memory and locality expertise.</p>	I = 4 L = 3 12	Monthly monitoring of the workforce situation reviewed at PCOG and PCQIG meetings						I = 3 L = 3 9	Work with the PC Networks to include non clinical staff Person Responsible: Hayley Edwards To be implemented by: 01 Apr 2019		Focus on workforce at PCN plans, including non-clinical teams. Plans for programme of workforce development through main workforce plan programme by March 2019	07 Nov 2018
						Resilience and training plans being developed for non-clinical staff for delivery in 2019					Programme of resilience and management training for Practice Managers and key staff aligned to the ICS workforce development and national initiative through Training Hubs, LMC and HEE					
						The Primary Care Networks made aware of the risk and consider the inclusion of non clinical staff development in their Network Plans					Person Responsible: Hayley Edwards To be implemented by: 01 Apr 2019					

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IMT 19	<p>Ipads</p> <p>Risk Owner: Anshu Varma</p> <p>Delegated Risk Owner: Arif Gulzar</p> <p>Last Updated: 21 Sep 2018</p>	<p>BEC Only- We will ensure that Clinical Leadership and patient engagement is at the heart of everything we do and develop a culture that brings to life 'thinking locally, working together.'</p>	21 Sep 2018	<p>Cause CCG has issued Ipads to all their Governing Body Members and to their Senior manager and admin staff. These Ipads are not supported by CSU IT</p> <p>Effect The staff can access restricted website which could impact CCGs' reputation should staff member access restricted website. In addition there is a risk of cyber security as staff access their emails on the Ipads</p>	I = 3 L = 3 9	<p>Staff follow IT policy and know not to access restricted website</p> <p>NHSmial configuration on these iPads provides limited functionality of mobile device management system to mitigate the associated risks</p>	<p>All Ipads are enabled via password</p> <p>Ipads are on the asset register and we know who have been issued the Ipads and there is a sign out sheet.</p>					I = 3 L = 3 9	<p>Work with CSU to identify what further actions need to be placed so as to ensure that Ipads can be used safely and follow CCG IT policy</p> <p>Person Responsible: Anshu Varma</p> <p>To be implemented by: 28 Dec 2018</p>		<p>A work request has been logged with SCW to provide an options paper to mitigate the risk.</p>	06 Dec 2018

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PCC 27	IAGP Slough Risk Owner: Katerina Nash Delegated Risk Owner: Alex Tilley Last Updated: 31 Dec 2018	N/A	18 Dec 2018	Cause Provider not currently delivering on service specification in relation to skills mix and capacity Effect Low appointment availability and utilisation	I = 3 L = 4 12	1. Workforce/ Clinical Skill mix and appointment utilisation monitored at monthly contractual meetings 2. Recovery/ Action plan agreed with seasonal investment during Jan - April 2019						I = 3 L = 3 9	3rd GP to be introduced in the service as per agreed service specification Person Responsible: Katerina Nash To be implemented by: 04 Jan 2019		included seasonal investment over winter period to enable service to offer full service whilst delivering on clinical governance and outstanding implementation issues	31 Dec 2018

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PCC 3	Primary Care Estates Sustainability (ETTF) - committed new premises	BEC Only-We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	11 Jul 2016	<p>Cause Some Primary and community care premises are not fit for the delivery of the primary care strategy either due to standards of the premises or to changes to service and population needs. Alignment to new models of integrated care require co-location suitable for the provision of a wider range of services, therefore needs different physical and digital capacity</p> <p>Effect The commissioners will be unable to secure the primary care transformation plans if works are not put in place to refurbish, extend, rebuild or develop surgeries.</p>	I = 4 L = 4 16	<p>Awarded funding for 3 of ETTF schemes at Cohort 2 and 1 scheme at cohort 3. ICS Capital is available to support integrated and primary care investment into premises, including contributions to secure ETTF schemes</p> <p>Future plan to improve infrastructure through the development of the CCGs Primary Care Infrastructure Plan. Needs assessment exercise on areas identified as at risk following publication of the Local Borough Plans in east Berkshire</p>	NHS England ETTF					I = 3 L = 2 6	<p>Person Responsible: To be implemented by:</p>		down rated to 9 as risks due to the capital investment secured in the current schemes and the completion of the draft needs assessment report.	31 Dec 2018

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PCC 26	Primary Care Support England (PCSE) Performance Risk Owner: Alex Tilley Delegated Risk Owner: Hayley Edwards Last Updated: 31 Dec 2018	BEC Only- We will ensure that Clinical Leadership and patient engagement is at the heart of everything we do and develop a culture that brings to life 'thinking locally, working together.'	23 May 2018	Cause Poor performance of PSCE providing support services across practices in East Berkshire. Effect The practices are unable to operate efficiently, creating more work in practice through the poor services from PCSE and are at risk of providing a poor services to their registered population.	I = 3 L = 4 12	Open reporting from practices to CCG Primary Care team for unresolved issues LMC confirmed BMA route for complaint with practices through local communication Reporting to the PC Quality Improvement Group routinely						I = 2 L = 3 6	Feedback from practices has been collated to create a problem log, which will then be shared with NHSE to look for resolution of the common problems. Raised to LMC and via BMA likely that resolution will be found via escalation route confirmed. Person Responsible: Hayley Edwards To be implemented by: 14 Jan 2019		updated action for local communication through bulletin of the BMA escalation process for all practices to utilise with PCSE service issues. Risk to be closed as currently stated following this communication to practices.	31 Dec 2018

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PCC 13	General Practice Sustainability Risk Owner: Alex Tilley Delegated Risk Owner: Joanne Greengrass Last Updated: 31 Dec 2018	BEC Only- We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	18 Oct 2016	Cause General Practice is operating under considerable pressure already and may not be able to deliver the ambitions set out in the CCG PC strategy and STP plans Effect Services under pressure will be susceptible to any adverse or unforeseen occurrences resulting in continued lack of transformation and opportunity to build sustainability or ability to change	I = 4 L = 3 12	Through the GPFV delivery the CCG has supported GP federations, established Primary Care Networks and encouraged practice clusters with some investment to support the space to delivery transformation, these are linked to direct outcomes for each initiative aimed at transforming general practice to greater resilience and integration. Primary Care has initiated a GP Forward View Time for Care programme to optimise the support available to practices and to be sure that the focus of is really on what is required by practices to						I = 2 L = 3 6	Report on the improvements to resilience investment in 2017/18 to learn the most effective interventions Continue to support practices that have been identified with resilience issues through knowledge and intelligence from the PC dashboard tool Work with Primary Care Networks on the investment of further resilience funds in 2017/18 Propose to PCOG in July investment of 2018/19 resilience funds from the GPFV Person Responsible: Hayley Edwards To be implemented by: 29 Mar 2019		resilience programme in place, with dashboard on resilience triggers approaching completion	31 Dec 2018

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						become more sustainable and be part of transformation.										

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IMT 15	Cyber Security Risk Owner: Anshu Varma Delegated Risk Owner: Arif Gulzar Last Updated: 31 Dec 2018	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	24 May 2017	<p>Cause Cyber risk is increasingly prevalent across healthcare sector as the cyber threats continue and become more sophisticated and can impact on the operational delivery. IMT Risk -Systems are compromised or ineffective due to cyber attacks that jeopardise effective patient care. Information assets are damaged.</p> <p>Effect It can impact on the delivery of safe patient care, key information assets as well as business processes. It is therefore a major risk that needs to be mitigated to an appropriate level. Controls are in place to reduce the risk of attack around the CCG IT Infrastructure and key information assets that are maintained/ managed by SCW on behalf of CCG.</p>	I = 4 L = 3 12	IMT Control- Business continuity plans and disaster recover plans have planned reviews and with additional revisions where there is a known cyber breach. All primary care support systems are assessed						I = 2 L = 3 6	<p>Ensure all practice business continuity plans have appropriate actions and assurance for cyber security.</p> <p>Person Responsible: Alex Tilley</p> <p>To be implemented by: 01 Feb 2019</p>		Existing controls in place are reviewed.	06 Dec 2018

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						<p>The following mitigations are in place:</p> <ul style="list-style-type: none"> •Effective SCW Information Security Management System including IT security framework and IT security assurance plan for CCG. •SCW Implementation of Cyber Security framework that is based on Department of Health '10 Steps to Cyber Security'. •Information Governance Privacy Impact Assessment process including the System Level Security policy review. •Annual Penetration Tests aligned with ISO 27001 standards. For year 2017/18, penetration test was performed by NHS Digital during March 											

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						2017 as a part of CareCERT Assure early adopters programme. <ul style="list-style-type: none"> •IT security incident handling policy. •SCW IT business continuity plans and disaster recovery plans. •CareCERT advisories/bulletins from NHS Digital (NHSD) received and actioned by SCW for CCG. •CareCERT Threat notifications by NHSD received and actioned by SCW IT services. •As a part of CareCERT React, guidance is available from NHSD CareCERT team in the event of a cyber-attack. •IT SAR (Service Audit Review) performed annually by external auditors. •CCG Annual IG toolkit return. •Mandatory IG 											

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						training for CCG staff, refreshed annually. •SCW service desk communications highlighting the CCG staff vigilance against cyber threat landscape. •Provision of Cyber Security Report which highlights key activities relating to Cyber security that have taken place within SCWCSU Central IT Services. The report provides high level summary of actions taken to clear identified risks by penetration (Pen) tests and provides threat landscape trends over the last six months and mitigations in place. It also illustrates the implementation of CESG 10 Steps to Cyber Security. •Data Flow Maps												

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						regularly updated to identify information assets and risks and training provided to Information Asset Owners (IAOs and Administrators (IAAs). •PMO office manages project lifecycle of new projects which may include implementation of/or changes to information systems which will prompt completion of Privacy Impact Assessment which are approved by IT Security and Information Governance. •PMO manage projects via PRINCE which is an approved methodology which gives a structured and logical approach to conducting projects when developing new											

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						information assets which should cover project stages such as requirements analysis, functional specification, system architecture and design, creation/selection of software, testing, acceptance and implementation and operation and management.											

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PCC 2	Workforce Development for Sustainability Risk Owner: Alex Tilley Delegated Risk Owner: Joanne Greengrass Last Updated: 31 Dec 2018	BEC Only- We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	11 Jul 2016	<p>Cause Workforce in General Practice requires development and future planning to attract clinicians, retain existing workforce and introduce new roles to deliver new career and workforce models. Service delivery depends on high quality and capacity in our workforce.</p> <p>Effect Practice sustainability is weakened without a workforce plan and the retention and development of roles in general practice. Practices may be forced to reduce service offer and risks to staff and patients may increase.</p>	I = 4 L = 3 12	<p>ICS work stream established to: 1. Understand the workforce development activity that is already taking place and analyse how this will contribute to addressing the modelled GP gap by 2020. 2. Develop a prospectus to provide practices with information on new roles, supply routes, likely employment costs and the amount of GP time required to supervise.</p> <p>Secure workforce development and improvements initiatives as scale through GPFV transformation funds. Including increased skill mix, retention through training and education and predicting areas of pressure through STP analysis</p>						I = 3 L = 2 6	<p>Evaluate the workforce initiative implemented locally through GPFV workforce projects in the primary care networks. Take forward the benefits from each initiative into new recurrent funding opportunities.</p> <p>Person Responsible: Alex Tilley To be implemented by: 25 Feb 2019</p> <p>Collate all GPFV transformation workforce initiatives in to the Primary care Network plans to support service delivery as scale</p> <p>Person Responsible: Alex Tilley To be implemented by: 29 Mar 2019</p>		additional action around the learning and spreading of benefits and mitigations around workforce in general practice from PCN transformation plans	31 Dec 2018

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PCC 16	Primary Care Premises Sustainability - leases Risk Owner: Alex Tilley Delegated Risk Owner: Ann Bryant Last Updated: 31 Dec 2018	BEC Only- We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	08 Mar 2017	Cause The number of general practice building leases due to expire are not yet known, therefore sustainability of services through forward planning is not able to occur proactively. Effect This could cause the practice to close or force a tenancy at will which means a very short notice period if the landlord wants to reclaim the building.	I = 4 L = 3 12	We have now received some individual practice lease information (submitted with the healthcheck tool-kit). This information has been logged and all practices with short leases will be contacted and lease discussions commenced. Where practices have not shared this information the PC Project Support Officer will follow it up. Individual lease information has been added as a mandatory item on the health check tool-kit for practices to complete and return to the CCG by end September 2017. This will give us a clearer picture of the lease situation for all practices across East						I = 3 L = 1 3	Lease information has been added to our Infrastructure plan which will be used to help shape delivery and realised through transformation plans. Information will be shared at Members' Meetings, Practice Manager forums and used as a working tool at the Primary Care Premises sub-group and reported through PCOG and PCC CIC meetings. Person Responsible: Ann Bryant To be implemented by: 30 Mar 2019		actions due in March 2019	31 Dec 2018

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						Berkshire so that we can continue to monitor individual situations and action in a timely manner.										
IMT 22	Docman 10 Risk Owner: Anshu Varma Delegated Risk Owner: Sam Furneaux Last Updated: 17 Dec 2018	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	17 Dec 2018	Cause Clinical Computer system at Wexham Park Hospital used for discharge letters and GP system are not compatible to receive these letters in a timely fashion Effect The discharge letters received in EMIS do not get filed in the right place and this can than result in delay in providing patient care	I = 3 L = 3 9								This forms part of a wider investigation as to whether this was an isolated incident affecting just one practice, or whether this a defect of the Docman 10 system. I have asked Docman to produce a detailed report on their investigation and outcomes, for which this is currently outstanding and is being urgently chased. Once this has been received, it will be presented to the IM&T Board for review. Person Responsible: Sam Furneaux To be implemented by: 11 Jan 2019			

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IMT 20	Echo Cardiogram Risk Owner: Anshu Varma Delegated Risk Owner: Roy Allerton Last Updated: 17 Dec 2018	BEC Only-We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	17 Dec 2018	Cause The main acute provider - Wexham Park Hospital uses multiple clinical software system for referrals, appointments and for results for echocardiogram and at present their process are not clear Effect This has an impact on patient care as the appointments are not received in timely fashion and results are delayed.	I = 3 L = 3 9								roy to add Person Responsible: Roy Allerton To be implemented by: 31 Dec 2018			

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IMT 21	Check In Screen Risk Owner: Anshu Varma Delegated Risk Owner: Ryan Edridge Last Updated: 21 Dec 2018	BEC Only-We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	17 Dec 2018	Cause The East Berkshire GPIT estate has 52 Patient Check-in screens, 14 of which are still running on windows XP. Windows XP is no longer supported by Microsoft. Effect The machines running windows XP present a high risk of virus outbreaks and other cyber security vulnerability's due to no longer receiving security updates.	I = 3 L = 3 9								A full audit of the Check-in screens has been completed and 14 Check-in screens have been identified as being high risk. The CCG has put a capital bid in with NHSE so that we can get these replaced. In addition as part of this work the CCG will look at the future support and management of these devices to ensure they are part of a managed service Person Responsible: Ryan Edridge To be implemented by: 31 May 2019			