

# Standard Risk Register

<b>Report Date</b>	03 Jul 2019
<b>Risk Status</b>	Open
<b>Service Line</b>	Information Management & Technology, Primary Care Commissioning , Primary Care Improvement, BE Primary Care
<b>Control Status</b>	Existing
<b>Action Status</b>	Outstanding

## Standard Risk Register

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PCIM 6	Increase in EColi bacteraemias from the 2016/17 baseline <b>Risk Owner:</b> Joanne Greengrass <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 05 Jun 2019	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	<b>Cause</b> If there is not a decrease in the number of EColi bacteraemias  <b>Effect</b> 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.						I = 4 L = 3 12	Implementation across the system, hydration project and the catheter passport <b>Person Responsible:</b> Joanne Greengrass <b>To be implemented by:</b> 01 Nov 2019	There was a slight decrease at the end of the year. New action plan across the ICS agreed.		05 Jun 2019
						ICS Ecoli bacteraemia group monitoring the action plan					Implementation of the Gram negative infection action plan <b>Person Responsible:</b> Joanne Greengrass <b>To be implemented by:</b> 31 Mar 2020					
						Monitoring of action plan by the ICS Quality Group										

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PCIM4	Adherence to the wound formulary <b>Risk Owner:</b> Catriona Khetyar <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 05 Jun 2019	BEC Only-We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	24 Jan 2017	<b>Cause</b> If Tissue Viability expertise is limited Nursing Homes, District Nurses and Practice Nurses may inappropriately request dressings from FP10 Informed at March 2019 Berkshire Wound Care Advisory Group that 1 x TVN and Team Lead TVN is leaving the service which may impact TVN service delivery and support. This in turn may impact adherence to formulary for Woundcare; resulting in less clinical and cost effective choices and potentially driving prescribing via GP FP10 <b>Effect</b> Increase in Primary Care prescribing budget. Inappropriate choice of woundcare products due to potential use of less clinical and cost effective options used	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 = 4 12	Review TVN service specification in conjunction with Quality Team <b>Person Responsible:</b> Joanne Greengrass <b>To be implemented by:</b> 01 Jul 2019 A new model of delivery and support by TVN service for Woundcare Formulary <b>Person Responsible:</b> Catriona Khetyar <b>To be implemented by:</b> 01 Jul 2019		The service specification is near completion and to be ready for June as part of the long stop inclusions in the contract.	05 Jun 2019

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PCIM 7	Quality concerns at Ringmead Medical Centre-Crowthorne	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	<p><b>Cause</b> If the quality and patient experience does not improve at the practice following changes in personnel</p> <p><b>Effect</b> 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.</p>	I = 5 L = 5 25	<p>CQC requiring an action plan to be sent to them on progress, and will visit within 6-9 months.</p> <p>Governing Body and PCCC to have monthly updates on progress</p>						I = 3 L = 4 12	<p>twice a month commissioner meeting to discuss issues, concerns and progress against the identified actions.</p> <p><b>Person Responsible:</b> Katerina Nash</p> <p><b>To be implemented by:</b> 01 Jul 2019</p>		There has been considerable progress with the actions identified.	05 Jun 2019

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PCIM8	Workforce in Primary care <b>Risk Owner:</b> Joanne Greengrass <b>Delegated Risk Owner:</b> Hayley Edwards <b>Last Updated:</b> 05 Jun 2019	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	<b>Cause</b> If the rate of Practice Managers leaving Primary care continues at the current rate  <b>Effect</b> then there is a risk practices will not be compliant with CQC, loss of organisational memory and locality expertise.	I = 4 L = 3 12	Monthly monitoring of the workforce situation reviewed at PCOG and PCQIG meetings						I = 3 L = 3 9	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  <b>Person Responsible:</b> Hayley Edwards <b>To be implemented by:</b> 01 Aug 2019		The General Practice sustainability dashboard and response process has been developed. It includes the loss of key non clinical staff and networking feedback highlighting areas of concern and a timeline for action. A proactive resilience programme has been approved by the PCOG meeting in May, it is being shared	05 Jun 2019
						Resilience and training plans being developed for non-clinical staff for delivery in 2019							Work with the PC Networks to include non clinical staff  <b>Person Responsible:</b> Hayley Edwards <b>To be implemented by:</b> 05 Sep 2019			
						The Primary Care Networks made aware of the risk and consider the inclusion of non clinical staff development in their Network Plans										

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																	with the ICS for feedback and implementation. This plan includes working with the networks once they are formed and embedded, hence the 2 actions in this risk have been pushed back to allow for this.

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PCC 13	General Practice Sustainability <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Joanne Greengrass <b>Last Updated:</b> 11 Apr 2019	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	<b>Cause</b> General Practice is operating under considerable pressure and may not be able to deliver the ambitions set out in the GPFV, national policy and ICS plans  <b>Effect</b> 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	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 become more sustainable and be part of transformation.						I = 3 L = 3 9	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 <b>Person Responsible:</b> Hayley Edwards <b>To be implemented by:</b> 29 Mar 2019		confirmed timeline for additional support to PCNs - PCOG July 2019	03 Jul 2019

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						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.							CCG to provide additional support into emerging and establishing PCNs in east Berkshire to deliver the benefits of additional workforce investment and at scale working as set out in the General Practice 5 yr framework  <b>Person Responsible:</b> Alex Tilley <b>To be implemented by:</b> 24 Jul 2019			



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IMT 19	Ipads <b>Risk Owner:</b> Anshu Varma <b>Delegated Risk Owner:</b> Arif Gulzar <b>Last Updated:</b> 03 May 2019	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.'	21 Sep 2018	<b>Cause</b> 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 <b>Effect</b> 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	I = 3 L = 3 9	Staff follow IT policy and know not to access restricted website NHSmial configuration on these iPads provides limited functionality of mobile device management system to mitigate the associated risks	All Ipads are enabled via password Ipads are on the asset register and we know who have been issued the Ipads and there is a sign out sheet.					I = 3 L = 3 9	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  <b>Person Responsible:</b> Arif Gulzar <b>To be implemented by:</b> 30 Aug 2019	<b>03 May 2019</b> <b>Anshu Varma</b>	Procurement of MDM solution and contract in progress.	03 Jun 2019

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														CSU IT sourcing team is in the process of procuring a MDM (Mobile Device Management) service. Once procured and implemented, it will be available to offer to East Berkshire CCG as their customers at an additional cost. Currently, this risk is mitigated by corporate policies and staff training.		

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PCIM9	inequitable service delivery to all residents in care homes from Primary Care <b>Risk Owner:</b> Joanne Greengrass <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 14 Apr 2019	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	04 Jan 2019	<b>Cause</b> If there is not an agreed model of service delivery for people in care homes  <b>Effect</b> Then there will be an inequity on care provided which could result in increased hospital admissions and poor resident experience.	I = 4 L = 3 12	GMS contract  PCOG to monitor individual cases						I = 3 L = 3 9	To develop a service delivery model across East Berkshire CCG and work with partners in the ICS. Phase one will be supporting care homes with knowledge and skills and how they can reduce the burden on Primary Care. Phase 2 will be the implementation of the DES 2020. <b>Person Responsible:</b> Joanne Greengrass <b>To be implemented by:</b> 04 Oct 2019	<b>05 Jun 2019</b> <b>Joanne Greengrass</b> Task and finish group to be set up to scope the new model to support care homes in phase 1 <b>14 Apr 2019</b> <b>Joanne Greengrass</b> Care home workshop was held in April to start to develop a future model.	The	05 Jun 2019

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																	the specific issue with Cherry Garden Nursing home has been resolved but there does need to be a new model of delivery.

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709	Primary Care Estates Sustainability - 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><b>Cause</b> 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><b>Effect</b> 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	PID approved for three ETTF schemes in cohort 2/3. Move to Outline Business cases for three sites by April 2019	NHS England ETTF			Adequate	<p>BEN Lynwood and Britwell Outline Business Cases for ETTF funding were approved by NHSE in January 2019, the Commissioning Support Officer is working up a programme plan for Full Business Case submission for each of the ETTF Schemes.</p> <p>Heatherwood Hospital ETTF OBC is dependent on</p>	I = 3 L = 3 9	<p>Develop a framework of advisors and support to primary care providers and partners to progress transformation plans in the community. Specifically; legal, financial, service model expertise</p> <p><b>Person Responsible:</b> Alex Tilley</p> <p><b>To be implemented by:</b> 30 Sep 2019</p> <p>present the Infrastructure Plan for general practice premises to PCOG in May 2019 and PCCC in July 2019 - identifying areas for future capital bids and opportunities to broker options with providers and third parties</p> <p><b>Person Responsible:</b> Alex Tilley</p> <p><b>To be implemented by:</b> 30 Sep 2019</p>		risks reviewed - actions added and re-categorised at strategic risk	11 Apr 2019

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											confirmation of FHFT CDEL limit and confirmation of ETTF funding route.  Binfield/Blue Mountain - work progressing on revised concept design and associated build and revenue costs.		Progress the opportunities through ETTF to identify facilities to secure and transform general practice services in east Berkshire  <b>Person Responsible:</b> Ann Bryant  <b>To be implemented by:</b> 31 Oct 2019			

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						Needs assessment exercise on areas identified as at risk following publication of the Local Borough Plans in east Berkshire. The Infrastructure Plan will be completed on the revision of the GVA report and presented to PCOG in May 2019.											
						Routinely survey practice premises under the 6 facet survey audit - recommended every 3/4 years. This provides the commissioners and providers with state of premises including fit for purpose, maintenance and capacity Next audit expected 2020											

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PCC 29	Ringmead Medical Practice merger with Heath Hill <b>Risk Owner:</b> Katerina Nash <b>Delegated Risk Owner:</b> Alex Tilley <b>Last Updated:</b> 13 May 2019	BEC Only-We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	13 Mar 2019	<b>Cause</b> Accelerated merger due to Heath Hill's contract termination <b>Effect</b> RMP main services could be affected due to the short timescales given to implement system and service merger	I = 4 L = 3 12	Additional resource commissioned by CCG to support transition process (6 months of PMO, Finance, IT support, 6 month of clinical sessions to support clinical governance and to implement changes agreed with CQC) Project plan to implement changes in place Risk register in place Weekly meeting with RMP to discuss progress, issues and risks related to this project						I = 3 L = 3 9	Regular attendance at transition meeting with Ringmead to support the mitigation of risks and deliver the transition arrangements agreed between the practice and commissioners <b>Person Responsible:</b> Katerina Nash <b>To be implemented by:</b> 31 Jul 2019		six month review meeting with CCG and Practice booked - July 2019	03 Jul 2019



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PCC 28	Managed Dispersal of Heath Hill GMS Contract	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	17 Jan 2019	<p><b>Cause</b> Transition to a new provider of Heath Hill patients and staff following the immediate contract termination of the current provider</p> <p><b>Effect</b> Then: EBCCG are at risk of reputational damage from patients and stakeholders EBCCG are at financial risk due to liabilities incurred by Heath Hill EBCCG are at financial risk if the new provider pulls out EBCCG at risk of losing the new provider and compromising patient safety</p>	I = 3 L = 3 9	<p>CCG supporting transition period, weekly meetings with new provider Action plan agreed with the new provider Additional PMO commissioned to support delivery of changes during transition period Additional clinical sessions agreed supporting clinical governance during transition period CCG are receiving specialist legal advice to support contract variation and transition period to new provider Comms team supporting new provider / communication plan completed</p>						I = 3 L = 3 9	<p><b>Person Responsible:</b> <b>To be implemented by:</b></p>		Six month review of risk with practice - July 2019 Expected to close down risk following this meeting.	03 Jul 2019
						PCCC meeting providing assurance of governance following due process										

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PCC 30	Primary Care Premises - District Valuer capacity <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Ann Bryant <b>Last Updated:</b> 17 Apr 2019	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	11 Apr 2019	<b>Cause</b> District Valuers' offer provide the re-assessment and establishment for the levels of reimbursement to practice under the Primary Care Premises Regulations, the capacity has been reduced in 2019 <b>Effect</b> Practices have outstanding routine assessments of their reimbursement levels and appeals to re-assessments are not being reviewed within expected timelines. New premises and extensions approvals are being delayed due to reduction in capacity at DV and increased demand through capital investment. Creates financial pressures in CCG delegated budget due to delays and delays in ETTF capital investments	I = 3 L = 3 9	SLA with CSU to facilitate and manage the rent reimbursement process - establish with delegated responsibilities						I = 2 L = 3 6	Risk assessment will be carried out on the July rent review <b>Person Responsible:</b> Ann Bryant <b>To be implemented by:</b> 30 Aug 2019		DVS meeting taken place - no additional capacity available	03 Jul 2019

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IMT 24	Windows 10 Enterprise Licences	BEC Only- We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	17 Jun 2019	<p><b>Cause</b> NHS Digital have committed to providing Windows 10 Enterprise licences to all NHS organisations at zero cost. The first tranche of licences purchased by the Department of Health was insufficient to meet demand.</p> <p><b>Effect</b> Failure to supply licences will leave the CCG and GP Practices with a cyber security risk as support from Microsoft for Windows 7 patches and updates will cease in January 2021. There would also be significant cost to the CCG for purchasing Windows 10 licences, and associated savings from using the cyber security elements of Windows 10 Enterprise would also need to be realised by the CCG</p>	I = 3 L = 3 9	SCWCSU are in regular contact with NHS Digital with regard to the licencing position						I = 2 L = 3 6	<p>Microsoft support for Windows 7 has been extended to January 2021 eliminating the immediate risk to the CCG. SCW will be deploying Windows 10 Enterprise, but using a Windows 10 Professional licence until the W10 Enterprise licences are available. Once issued by NHS Digital, SCW will then remotely upgrade the licence to enable the features of W10 Enterprise</p> <p><b>Person Responsible:</b> Simon Hodge</p> <p><b>To be implemented by:</b> 31 Dec 2020</p>			

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IMT 15	Cyber Security <b>Risk Owner:</b> Anshu Varma <b>Delegated Risk Owner:</b> Arif Gulzar <b>Last Updated:</b> 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><b>Cause</b> 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><b>Effect</b> 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><b>Person Responsible:</b> <b>To be implemented by:</b></p>		At updates	03 Jul 2019

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

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						2017 as a part of CareCERT Assure early adopters programme. •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 <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Joanne Greengrass <b>Last Updated:</b> 03 Jul 2019	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	<b>Cause</b> 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. <b>Effect</b> 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.	I = 4 L = 3 12	Secure workforce development and improvements initiatives as scale through GPFV transformation funds.						I = 3 L = 2 6	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. <b>Person Responsible:</b> Alex Tilley <b>To be implemented by:</b> 24 Jul 2019  Capacity and Demand tool for workforce plans promoted to PCN clinical directors. Derived from staff information provided by practices and incorporated with demand and capacity information from practices clinical system. James Morrissey leading from Business Intelligence team. <b>Person Responsible:</b> Alex Tilley <b>To be implemented by:</b> 31 Jul 2019		Workforce Baseline set PCOG in July - review workforce investments through GPFV	03 Jul 2019

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PCC 16	Primary Care Premises Sustainability - leases <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Ann Bryant <b>Last Updated:</b> 11 Apr 2019	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	<p><b>Cause</b> 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. Work is ongoing to build a picture of general practice ownership so that we can future proof services.</p> <p><b>Effect</b> 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.</p>	I = 4 L = 3 12	<p>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.</p> <p>This will give us a clearer picture of the lease situation for all practices across East Berkshire so that we can continue to monitor individual situations and action in a timely manner.</p>						I = 3 L = 1 3	<p>St Clouds Development in Maidenhead Town Centre which will severely impact on the provision of care at Claremont and Cedars (dentist and Pharmacist). CCG to continue to make representation to RBWM planners</p> <p><b>Person Responsible:</b> Alex Tilley <b>To be implemented by:</b> 05 Jul 2019</p>		risk reviewed - identified added risk with DV capacity	11 Apr 2019

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													<p>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.</p> <p>The infrastructure plan will be completed following revision of the GVA report and presented to PCOG members in May 2019 for approval.</p> <p><b>Person Responsible:</b> Ann Bryant</p> <p><b>To be implemented by:</b> 31 Aug 2019</p>			

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IMT 25	Use of Fax Machines <b>Risk Owner:</b> Anshu Varma <b>Delegated Risk Owner:</b> Nooreen Ahmed <b>Last Updated:</b> 03 Jul 2019	BEC Only-We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	17 Jun 2019	<b>Cause</b> National phasing out of the use of Fax machines across the NHS <b>Effect</b> Loss of clinical information in the management of patients across providers and setting, where alternative arrangements have not been implemented	I = 3 L = 3 9								<b>Person Responsible:</b> <b>To be implemented by:</b>		cause and effect drafted	03 Jul 2019

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IMT 21	Check In Screen <b>Risk Owner:</b> Anshu Varma <b>Delegated Risk Owner:</b> Ryan Edridge <b>Last Updated:</b> 15 May 2019	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	<b>Cause</b> 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. <b>Effect</b> 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								48 check in screens will be ordered to replace the existing check in screens for GP practices across East Berkshire CCG. <b>Person Responsible:</b> Ryan Edridge <b>To be implemented by:</b> 31 Jul 2019		Procurement under way for replacement check in screens	03 Jul 2019