

# Standard Risk Register

<b>Report Date</b>	03 Mar 2020
<b>Risk Status</b>	Open
<b>Service Line</b>	Information Management & Technology, Primary Care Commissioning , Primary Care Improvement
<b>Control Status</b>	Existing
<b>Action Status</b>	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	Last Review Comments	Latest Review Date
PCC 34	ETTF Ben Lynwood <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Ann Bryant <b>Last Updated:</b> 06 Jan 2020	N/A	18 Nov 2019	<p><b>Cause</b> Kings Corner and Magnolia House Surgeries are not sustainable in the medium to long term. Neither practice is suitable for patients with poor mobility as the majority of consultation rooms are on the first floor. Neither can deal with growth in patient list sizes.</p> <p>Land is available at Ben Lynwood Care Village however, this has many complexities.</p> <p><b>Effect</b> Failure to find suitable, alternative premises will result in no primary care services in the Sunninghill or Sunningdale area within the next 5-10 years.</p>	I = 4 L = 3 12	Planning Permission refused by Royal Borough of Windsor and Maidenhead	Revised planning application being submitted Autumn 2019 with updated technical reports, sequential testing and case for very special circumstances.					I = 4 L = 3 12	<p>Ensure appropriate engagement with Parish and Councillors to support the planning application. Ensure that all technical reports recommended by Planning Advisors are completed to support the planning application. Supply information as requested in a timely and accurate manner.</p> <p>Met with Sunningdale Parish Council 3 December 2019.</p> <p>Planning application being submitted end of February 2020, RBWM has committed to a decision panel meeting in May 2020.</p> <p><b>Person Responsible:</b> Ann Bryant <b>To be implemented by:</b> 28 Feb 2020</p>		Risk reviewed. Planning application being submitted end February 2020, RBWM has committed to a decision panel meeting in May 2020.	24 Feb 2020

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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> 04 Dec 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	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> 31 Jan 2020		There are still capacity issues with the team with vacancies for specialist nurses.	04 Dec 2019

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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> 04 Dec 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	ICS Ecoli bacteraemia group monitoring the action plan						I = 4 L = 3 12	Implementation across the system, hydration project and the catheter passport		catheter passport in place but patients still coming out from hospital with no passport.	04 Dec 2019
						Monitoring of action plan by the ICS Quality Group							<b>Person Responsible:</b> Joanne Greengrass <b>To be implemented by:</b> 31 Mar 2020			
													Implementation of the Gram negative infection action plan <b>Person Responsible:</b> Joanne Greengrass <b>To be implemented by:</b> 31 Mar 2020			

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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						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> 31 Mar 2020	<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.	Business case agreed and implementation group set up. Hosting arrangements in negotiation with BHFT.	04 Dec 2019
						PCOG to monitor individual cases										

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PCC 36	Establishment of mature Primary Care Networks <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 25 Feb 2020	BEC ONLY - Place: working in local communities, local authority area or across a bigger geography to respond to the needs of our population	25 Feb 2020	<b>Cause</b> The development of the new Primary Care Networks are not maturing at a rate than will support the delivery of the NHSE Long Term Plan and Place-based priorities. <b>Effect</b> Less than optimal delivery of national and local plans for general practice and integration for the local community. Transformation designed to improve health and care outcomes for patients are at risk of not being met.	I = 4 L = 3 12	1. Review of PCN maturity six monthly through the East Berkshire PCN Forum 2. Delivery of the Network DES through contractual monitoring 3. Alignment with partners to deliver Place based priorities through PCNs as envisaged in the NHSE Long term plan						I = 3 L = 3 9	<b>Person Responsible:</b> <b>To be implemented by:</b>			

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						Assurance measures in place: 1. CCG Primary Care Clinical Commissioning Committee and Primary Care Operational Group 2. Locality forums 3. Members meetings 4. PCN maturity assessment 5. Leadership development programme for Clinical Directors to enhance their knowledge and skills 6. NHSE assurance on progress.											

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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> 18 Feb 2020	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  Resilience and training plans being developed for non-clinical staff for delivery in 2019  The Primary Care Networks made aware of the risk and consider the inclusion of non clinical staff development in their Network Plans						I = 3 L = 3 9	Work with the PC Networks to include non clinical staff  <b>Person Responsible:</b> Hayley Edwards <b>To be implemented by:</b> 31 Mar 2020		Work continuing with Training Hub, PCNs and PMs to identify training gaps and providers.	18 Feb 2020



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													<p>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</p> <p><b>Person Responsible:</b> Hayley Edwards</p> <p><b>To be implemented by:</b> 31 Mar 2020</p>	<p><b>13 Dec 2019</b> <b>Hayley Edwards</b></p>		

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														Work with the Training Hub manager to identify training providers for practice requirements, survey being created by PMA fir publication in Jan 20. ICS training also advertising management and leadership training available to management in practices. All being actively promoted via the newsletters, meetings and		

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														emails.		

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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> 24 Jan 2020	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.  Support practice through the workload reduction evidenced in the full implementation of digital initiatives such as online consultations, patient digital access, NHS App.						I = 3 L = 2 6	Continue to support practices that have been identified with resilience issues through knowledge and intelligence from the PC dashboard tool  <b>Person Responsible:</b> Hayley Edwards <b>To be implemented by:</b> 31 Mar 2020	<b>13 Dec 2019</b> <b>Hayley Edwards</b> Continued work with the PC Clinical Lead to further develop data and intelligence to identify practices in need of proactive resilience. For review at the Dec 19 PCOG Part 2. <b>16 Jul 2019</b> <b>Hayley Edwards</b>	Work continues with the CCG teams and PCNs regarding practice resilience. Proactive identification of vulnerable practices using the dashboards and support offered. Continued promotion of sustainability schemes - PGP QS and RT4C, plus training.	24 Jan 2020

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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.								General Practice sustainability 'trigger dashboard' has been created to proactively identify practices that potentially have issues regarding resilience and sustainability. Work with the PCNs will develop as they mature.		

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													Establish champions for digital initiatives to increase the update and implementation of digital workload reduction and flexible access tools  <b>Person Responsible:</b> Katerina Nash  <b>To be implemented by:</b> 31 Mar 2020			

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PCC 35	Network DES Commissioned Services 2020/21 <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 06 Jan 2020	BEC ONLY - Place: working in local communities, local authority area or across a bigger geography to respond to the needs of our population	06 Jan 2020	<b>Cause</b> Change in commissioning of enhanced services for PCNs, in partnership with the community and MH providers. Service specifications include Structured Medication reviews, enhanced health in care homes, anticipatory care, personalised care and supporting early cancer diagnosis. <b>Effect</b> Service delivery will be re-designed resulting in changes for providers through the contracting of the Network DES and NHS Community Services contract for 2020/21. Investment and sustainability of the providers is a challenge	I = 3 L = 3 9	Engage in the national consultation on the draft network DES contract service specifications. Continue to work with Clinical Directors of PCNs in readiness for final specification in early 2020						I = 2 L = 3 6	include in PCN meetings in east Berkshire and inform members of proposed service in 2020/21 network contracts <b>Person Responsible:</b> Alex Tilley <b>To be implemented by:</b> 28 Feb 2020		Reviewed - will retain current risks rating until outcome of public consultation on DRAFT published service specifications is released	24 Jan 2020

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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> 24 Feb 2020	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 January 2020 rent review report - working with CSU and CCG finance to identify risks and changes <b>Person Responsible:</b> Ann Bryant <b>To be implemented by:</b> 28 Feb 2020		Risk reviewed, working with the DV to address the backlog issues.  DV has been very accommodating with VFM reports for full business cases working on a 3 day turnaround for reports.	24 Feb 2020



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PCC 32	Anticipated services pressures from predicted population growth from Local Borough Plans	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.'	19 Jul 2019	<p><b>Cause</b> Published Local Borough Plans highlight the increased number of dwellings over the next 20 years set out increased demand on existing services which may not have the infrastructure</p> <p><b>Effect</b> existing providers are unable to deliver effective care as commissioned and patient experience of registration and access is diminished</p>	I = 3 L = 3 9	<p>Revision of the PC Infrastructure Plan to ensure the commissioners are able to predict pressures and establish possible future population needs.</p> <p>The Infrastructure Plan has been revised and signed off at PCOG December 2020.</p> <p>Local Needs Assessments are currently being drafted for Central Maidenhead, Maidenhead Golf Course, Wexham and Sandhurst.</p> <p>Meeting with RBWM and local practices booked for 9th Jan 2020 to discuss the Reform Road site. This meeting was very productive, a second meeting has been booked for March 2020.</p>						I = 3 L = 2 6	<p>Deliver additional capacity through ETTF in areas of pressure: Binfield/Warfield/Winkfield areas which border Wokingham</p> <p><b>Person Responsible:</b> Ann Bryant</p> <p><b>To be implemented by:</b> 28 Feb 2020</p>		Infrastructure plan signed off by PCOG in December 2020.	24 Feb 2020
	<p><b>Risk Owner:</b> Alex Tilley</p> <p><b>Delegated Risk Owner:</b> Ann Bryant</p> <p><b>Last Updated:</b> 24 Feb 2020</p>												<p>Identify with all local authorities the impact in primary care infrastructure from local borough plans, through the sharing of the infrastructure plan on sign off</p> <p><b>Person Responsible:</b> Ann Bryant</p> <p><b>To be implemented by:</b> 31 Mar 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> 03 Sep 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 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>		Existing mitigations and assurances have been reviewed. As part of CCG DSP toolkit submission, IT assertions for cyber security are also reviewed.	02 Mar 2020

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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> 06 Jan 2020	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	Ensure high success in the investment of the PCN Additional Role Reimbursement Fund in 2019/20. investment into new additional roles to benefit practices and patient outcomes in line with Long Term Plan.  Establish a robust Training Hub across the ICS. Benefits to include: supply and up-skilling of workforce, innovate with new roles and ways of working supported through leadership development						I = 3 L = 2 6	PCCC in east Berkshire to approve the proposal to establish the Frimley Training hub <b>Person Responsible:</b> Joanne Greengrass <b>To be implemented by:</b> 31 Jan 2020  PCN Clinical Directors to be provided with workforce planning tool using capacity and demand modelling, fed through practice workforce reporting for each network. <b>Person Responsible:</b> Alex Tilley <b>To be implemented by:</b> 31 Jan 2020		closed action for establishment of the east Berkshire Training hub - Frimley Training Hub established 2020	06 Jan 2020



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IMT 25	Use of Fax Machines <b>Risk Owner:</b> Anshu Varma <b>Delegated Risk Owner:</b> Graham Brown <b>Last Updated:</b> 17 Dec 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 by 2020. Removal of all fax machines, physical and soft, from GP Practices. <b>Effect</b> Failure to remove or cease all fax services by 2020, will cause the CCG and GP Practices in East Berkshire to breach the NHS England Directive. In addition to this, fax services are not guaranteed to be secure or encrypted, therefore posing serious risk of patient identifiable information being exposed to non-authorised people.	I = 4 L = 3 12	Risk Control: Review the IG impact and recommendations prior to proceeding with cessation of fax services in GP Practices. Reviewing the clinical impact of removal of fax services from GP Practices. Understanding alternative options for transmitting information previously sent by fax, working with GP Practices, Acute hospitals, Pharmacies, Care Homes etc.				Substantial	The recommended replacement for the service will be using dedicated shared nhs mail boxes between originators and GP practices. This will remove current risks associated with the use of fax eg: whether safe haven	I = 2 L = 2 4	Project is running to schedule with virtually all practices engaged, 37/52 have switched off, with a further 10 in process. The CCG may need to encourage a minority of sites to comply <b>Person Responsible:</b> Shirley Jones <b>To be implemented by:</b> 31 Mar 2020		11/2/20 Practices continue to decommission use of fax machines ahead of the March deadline. No issues foreseen. Secondary Care have issued appropriate comms to address their internal issues. Provider is adding Echo service to the Advice & Guidance DOS	11 Feb 2020

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IMT 27	Delay in migration of HSCN <b>Risk Owner:</b> Anshu Varma <b>Delegated Risk Owner:</b> Ryan Edridge <b>Last Updated:</b> 20 Sep 2019	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	20 Sep 2019	<b>Cause</b> Delay in the implementation of the HSCN due to issues related to BT and N3. Currently all sites specifically accessing BT Point of Presence (PoP) need to be moved off by August 2020 <b>Effect</b> – if practices are not moved off the transition network then there could be a financial impact on the CCG with a share of the cost. The approximate cost of this to the CCG would be around £70k PCM	I = 4 L = 2 8	East Berkshire do not have any PoP sites on the transition network so this would not apply. In addition East Berkshire have now completed there pilot HSCN site successfully so will have all sites migrated by July 2020						I = 2 L = 2 4	<b>Person Responsible:</b> <b>To be implemented by:</b>		The project is on track to deliver by end of April 2020 and the original risk doesn't exist anymore as none of the GP sites are on POP.	18 Feb 2020

## Standard Risk Register

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	Last Review Comments	Latest Review Date
IMT 29	Digital First Project <b>Risk Owner:</b> Graham Brown <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 17 Jan 2020	BEC ONLY - Engage: engaging with staff, member practices, local people and other stakeholders so that services are informed by their needs, views and behaviours	10 Dec 2019	<b>Cause</b> The digital section of the Long Term Plan contained several mandates and timelines for implementation. In several instances supporting guidance and implementation procedures were not issued at the same time, and in some cases are still awaited. This has led to the need for local implementation of definitions to be adopted, interpreting the ask to the best of our ability in order to meet the timeline. A risk exists that this ultimately differ from national guidance <b>Effect</b> Potential for inappropriate activity to have been undertaken. Limited guidance is now being issued by the Centre which is being reviewed and implemented locally as appropriate (17/01/20)	I = 3 L = 3 9								Guidance and implementation support from NHSE is still lacking in a number of areas. Locally we continue to interpret the mandates and implement with best intentions. The digital strategy underpinning the mandates continues to develop <b>Person Responsible:</b> Graham Brown <b>To be implemented by:</b> 31 Mar 2020	We are aware that NHSD have recently deployed resource creating a national capability to support interpretation and implementation of the LTP mandates. This guidance will be monitored locally to ensure current activity complies		11 Feb 2020

## Standard Risk Register

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	Last Review Comments	Latest Review Date
IMT 28	Deployment of on line consultation product - eConsult <b>Risk Owner:</b> Graham Brown <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 13 Feb 2020	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	29 Nov 2019	<b>Cause</b> Slower than anticipated deployment to East Berkshire practices. Project is being managed by third party (Ahmad Chughtai) <b>Effect</b> Possibility of missing NHSD target for practice deployment. Associated benefits afforded by the product will not be realised	I = 3 L = 3 9								Progress has ramped up during January with much higher levels of engagement and a relaunch strategy for practices already deployed. RAG reduced to Amber <b>Person Responsible:</b> Graham Brown <b>To be implemented by:</b> 31 Mar 2020		Third party has achieved increased engagement from remaining practices and 13 mobilisations are currently planned. NHSD have increased the aim to 100% deployment by end of March. Only 2 practices remain unengaged. Activity has also improved during January through a revitalised comms drive	13 Feb 2020

## Standard Risk Register

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	Last Review Comments	Latest Review Date
IMT 31	GP IT refresh delayed <b>Risk Owner:</b> Anshu Varma <b>Delegated Risk Owner:</b> Ryan Edridge <b>Last Updated:</b> 15 Jan 2020	N/A	15 Jan 2020	<b>Cause</b> There is a delay in the contract being agreed with Health Care Computing so that the new IMT kit can be fitted at each of the practices in primary care. <b>Effect</b> Delay in fitting the practices with the new IMT kit, which whilst in storage may lose its warranty. Also the current IMT kit at primary care is old and can stop working or slow to respond this could impact on patient care.	I = 4 L = 3 12								The project manager for the work has been identified and will provide a weekly update on the progress made to Head of Corporate Affairs and Chair of the IMT Steering Group <b>Person Responsible:</b> Ryan Edridge <b>To be implemented by:</b> 17 Jan 2020		The Contract has been agreed and CARR is awaiting signature by the Deputy Director of Finance and this will happen by the end of Feb 2020	18 Feb 2020

## Standard Risk Register

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	Last Review Comments	Latest Review Date
IMT 30	Data Security Protection Toolkit - compliance to support sharing of information	BEC ONLY - Integrate: breaking down the barriers of traditional organisational boundaries to deliver effective and responsive services	15 Jan 2020	<p><b>Cause</b> There are four General practices in East Berkshire are not compliant with the DSP Tool kit which is required in order to safely share data between organisation as part of the sharing agreement for Connected care programme</p> <p><b>Effect</b> The practices who are not compliant will be removed from the sharing framework and will not be able to see or share the data related to patient care. This will then impact the patient health outcome and delay in providing them with effective care</p>	I = 4 L = 3 12								Person Responsible: To be implemented by:		Communication has been sent to the identified practices and commitment received that they will be submitting DSP Tool kit this year.	18 Feb 2020