

NHS Wales Delivery Unit Risk Register April 2022-April 2023

Risk Ref	Date of Entry	Strategic Aim	Service Group	Type of Risk/Specific Risk	Consequence	Likelihood	Current Risk Rate	Action Plan	Action Lead	BMG Action & Approval	Progress
Financial											
DUMOD01	Existing entry from 2020	Health Foundation fail to provide or clawback monies where they felt the programme hasn't delivered on it's commitments	Modelling	DU will have to absorb additional cost pressures where monies have been spent	2	1	2	Regular updates to the HF including a detailed spending log Monies received from HF are managed by the DU and our Finance Lead in SBHB Positive response from HF regarding progress to date, 4 of 6 projects required are underway	Jennifer Morgan		Ongoing
Legal & Regulatory											
DUCORP01	17/08/2021	The timely sign off of the SLA with SBHB in relation to key services	Finance & Corporate	Work programmes delayed or commenced but need to be abandoned or reframed, lack of clarity in the role and function of the DU. Lack of direction of DU input/ output Scope creep.	3	3	9	Ensure timely sign off for each financial year with SBHB. This was actioned and resolved on 22/07/2021 for 2021-22 SLA. To be reviewed in March 2022. 	Jeremy Griffith		Complete - Signed copy attached
DUCORP01	17/08/2021	The timely sign off of the SLA with Welsh Government in relation to our work programme	Finance & Corporate	Work programmes delayed or commenced but need to be abandoned or reframed, lack of clarity in the role and function of the DU. Lack of direction of DU input/ output Scope creep.	3	4	12	Ensure timely sign off for each financial year with SBHB. SLA's have been received and are awaiting sign off - SEP to chase this up with WG - 17/08/2021	Jeremy Griffith		Ongoing
DUCORP01	17/08/2021	The timely sign off of Terms of Engagement with the FDU	Finance & Corporate	Having no agreement would affect the rental of the bottom part of the office and could potentially put a financial burdeon on the DU.	3	2	6	Ensure timely sign off for each financial year with FDU. Terms of engagement are currently with the FDU for sign off - Resolved 19/08/2021. To be reviewed November 2021. 	Jeremy Griffith		Complete - Signed copy attached
DUCORP02	Existing entry from 2020	Failure to comply with General Data Protection Regulations including collecting and storing patient identifiable information	Corporate	Breach of the regulations. DU holding data unnecessarily/unaware of what data being held. Patient identifiable information is lost/stolen. Staff exposed to patient identifiable information inappropriately. (from 1st October 2020, the DU is processing pseudonymised SI data routinely on behalf of Welsh Government). Compliance of mandatory training of all staff in relation to Information Governance in excess of 95% consistantly	3	2	6	Within intervention TOR, the level of access to patient identifiable information (in the SBUHB information system) is described with rationale for use.  annual and [For sign-off in January 2019] DU has developed a document that describes its legal basis for accessing, process for collection, storage and destruction of data covered by the GDPR. This process is in place and complies with common filing system and naming conventions for Y drive files in place and sustained. DU input into the SBUHB Information Asset Register. Process in place. I.T. policy – all portable equipment is encrypted. Memory sticks should not be used with patient identifiable information. Any patient details stored on paper should be disposed of appropriately. Our new office is located on the second floor with double key entry and door key pads. Steps are being taken to activate the alarm system which is linked directly to the local Police station. Data Processing Agreement is in place for the processing of SI data. SI data held under restricted access and Access Policy has been developed. Sharing of the data will require case by case scrutiny and Welsh Government approval (as data owners).	Peter Smeeth	This is being resolved through discussions with DHCW	Ongoing - 95% @ 03/08/21

DUCORP03	Existing entry from 2020	No formal end point to intervention and assurance (ongoing for in excess of 12 months)	Delivery & Assurance	DU is exposed reputationally if questioned (i.e. organisation remains under intervention with no active input from DU).	4	4	16	Formal closure of intervention with next steps formally agreed by Quality and Delivery Board (QDB). Process agreed that upon production of final report – the report is discussed formally at SMT with further discussion of report formally at QDB (to include recommendations from SMT). Report accepted and intervention formally closed - updated 06/06/2022 - for removal from Risk Register	Gareth Lee		Ongoing
Environment											
		Adoption of hybrid working		Safety and wellbeing of staff working at home	2	2	6	Wellbeing links being shared with staff, weekly SBUHB COVID19 update emails, weekly DU Team meetings via MS Teams, 1:1's with Line Managers to encourage wellbeing of all staff working at home	Cathy Dowling Dave Semmens		Ongoing
ENVRIO01	19/08/2021	COVID19 Office Risks	Corporate	Safety and wellbeing of staff returning to work in the office and the safety of the environment	2	4	9	COVID19 regulations and staff wellbeing and safety in place for returning to the office - risk assessment updated 06/06/2022 (attached)	Cathy Dowling Dave Semmens		Ongoing

Organisational											
DUINFO01	Existing entry from 2020	SQL Database Server, which is used to store and process data, fails [The SQL Server is hosted but not maintained or backed-up by SBUHB]	Information	The DU's analysis team would not be able to deliver on the regular reporting requirement to the time frames currently agreed	4	2	8	Copies of the original submissions of data are retained on the shared folder [Other mitigation that hasn't been resolved include, SBUHB performing a different function to the agreed SLA, backing up the schema, exploring SQL Server hosting via NWIS SHA or Cloud based options]	Peter Smeeth		Ongoing
People											
		Failure to maintain statutory and mandatory training		Breaches in SBU Health and Safety requirements Increased risk for staff safety and welfare	3	3	9	Maintain recording and review of Statutory and Mandatory Training compliance. Raise noncompliance at the governance meeting. Utilise the PADR process to ensure currency of training and knowledge management.			
		High levels of Sickness/other absence		Loss of a complete function for the unit (e.g. admin team leading to inefficient office management). Inability to sustain work programmes. Delay in delivery of core work	3	3	9	Flexible working to support sickness and absence PADR, regular 1:1 and team meetings to ensure staff have the potential to develop and identify issues at an early stage Use of SBU well-being resources COVID19 sickness reporting new guidelines circulated to staff and monitored Use of OH department			
NHS Executive - Potentially covers, financial, legal, organisation, environment and people											
DUEXEC01		Continued uncertainty and strategic direction of NHS function and clarity required		Staff start to consider positions in other organisations Delay in the new SHA being a financial / HR organisation NHS Executive will have to absorb the cost of new equipment and individuals will need to identify virtual content that needs to be transferred to the new organisation Availability of workforce and infrastructure/funding to expand to meet the needs of pan Wales NHS Executive	4	3	12	Regular staff updates Keeping the communication positive COVID19 has fundamentally changed working patterns and will change how we work after Make programme team aware of lead-in time for skeleton ESR (6 to 8 weeks) and development time (3 to 6 months) Learn from the HEIW experience	Jeremy Griffith		Ongoing

Date of last review

6th June 2022