

NHS Wales Delivery Unit

Risk Register Updated August 2020

Category	Hazard (Issue)	Risk (what might happen)	Initial Risk Score	Mitigation
<b>Financial</b>				
4	Health Foundation fail to provide or clawback monies where they felt the programme hasn't delivered on it's commitments	DU will have to absorb additional cost pressures where monies have been spent	8	Regular updates to the HF including a detailed spending log Project 00 Monies were released to Cardiff & Loughborough Universities in March 2020

Legal & Regulatory				
5	Failure to sign off SLA within timeframe (prior to start of financial year)	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	15	Ensure draft work programme and SLA is completed by DU Agreement or in principle agreement to the WG SLA and draft work programme via SMT and IDB. Steps are being taken to develop and sign off the SLA for 2019/20. We are currently working to an honaray SLA whilst undertaking emergency work for WG in relation to the pandemic. The DU Work Programme is postponed post COVID 19 and will restart in 2020/21.
6	Failure to comply with General Data Protection Regulations including collecting and storing patient identifiable information	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.	12	Within intervention TOR, the level of access to patient identifiable information (manual and system) is described with rationale for use.  [For sign-off in January 2019] DU has developed a document that describes it's 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.
7	No formal end point to intervention and assurance (ongoing for in excess of 12 months)	DU is exposed reputationally if questioned (i.e. organisation remains under intervention with no active input from DU).	12	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).

Environment					
8	Significant requirement for Staff Travel	<p>Staff safety when operating as a lone worker. Staff welfare compromised in association with long days which include significant travel.</p> <p>This risk has been raised somewhat due to the frequency of work being undertaken by South Wales based staff working in North Wales.</p>	8	<p>Ensure staff awareness and understanding of the DU Lone Worker Policy (LWP) through supervision and staff meetings. Monitor the application of the LWP. Use of calendar entries to ensure knowledge of staff whereabouts when lone working especially at the end of working day. Address any concerns raised regarding the implementation of the LWP. Apply a limit to length of days encouraging clustering of work at distance from office base and use of overnight accommodation where required. Increased utilisation of video conferencing facilities /teleconferencing and Skype. Prudent matrix working via the work programme to maximise resource and minimise travel. Since the office move we have the ability to utilise more teleconferencing equipment.</p>	3
9	Home working during the COVID 19 Pandemic	Safety and wellbeing of staff working at home during the COVID19 pandemic	8	Wellbeing links being shared with staff, weekly SBUHB COVID19 update emails, weekly DU Team meetings via Skype, 1:1's with Line Managers and coffee chats via Skype all set up to encourage wellbeing of all staff working at home	?
Organisational					
10	<p>Retirement/people moving on</p> <p>Recruitment and staff retention difficulties create barriers to maintaining the required staff skill mix.</p>	<p>Loss of corporate memory leading to</p> <ul style="list-style-type: none"> <li>· Loss of skill and knowledge</li> <li>· Difficulty maintaining work programme</li> <li>· Loss of learning from previous experience to inform improvement</li> </ul> <p>Reduced capacity to sustain work programmes.</p> <p>Poor organisational reputation if skill mix and capacity is reduced.</p> <p>Reduction in the delivery of high quality work programmes</p>	12	<p>An agreed work programme Develop sustainable audit trail through the use of corporate electronic filing system retaining comprehensive yet succinct records of work programmes.</p> <p>Use of PADRs to prepare staff to take opportunities to progress within the DU as vacancies arise.</p> <p>Develop flexibility in the workforce to</p> <ul style="list-style-type: none"> <li>· Sustain work programmes.</li> <li>· Build workforce capacity</li> <li>· Maintain organisational memory</li> </ul> <p>Develop methodology for drafting secondees into the Unit or flexible contracts to be deployed as necessary. Recent success in filling vacancies is further reducing this risk .</p>	4
11	<p>SQL Database Server, which is used to store and process data, fails</p> <p>[The SQL Server is hosted but not maintained or backed-up by SBUHB]</p>	The DU's analysis team would not be able to deliver on the regular reporting requirement to the time frames currently agreed	6	<p>Copies of the original submissions of data are retained on the shared folder</p> <p>[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]</p>	6

People					
12	Failure to maintain statutory and mandatory training	Breaches in ABMU Health and Safety requirements Increased risk for staff safety and welfare	10	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.	1
13	High levels of Sickness/other absence	Loss of a complete function for the unit (e.g. admin team leading to in efficient office management). Inability to sustain work programmes. Delay in delivery of core work	6	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 ABM well-being resources COVID19 sickness reporting new guidelines circulated to staff and monitored Use of OH department	2
14	DU and WG colleagues use inaccurate figures when challenging NHS Trusts and HBs on their performance	Decisions made on basis of inaccurate information	4	Reports are systematised where practicable to remove human error or double checked to provide quality assurance. The DU Performance Assurance Board actively scrutinises data hence further mitigating this risk.	3

<b>NHS Executive - Potentially covers, financial, legal, organisation, environment and people</b>					
<b>15</b>	Continued uncertainty and negative rumours	Staff start to consider positions in other organisations	<b>9</b>	Regular staff updates Keeping the communication positive	<b>3</b>
<b>16</b>	Significant lead in time for ESR for the new organisation	Delay in the new SHA being a financial / HR organisation	<b>12</b>	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	<b>6</b>
<b>17</b>	Is the equipment we use (software and hardware) owned by SBUHB?	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	<b>6</b>	Make programme team aware of impact Learn from the HEIW experience	<b>2</b>