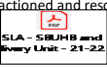




NHS Wales Delivery Unit Risk Register April 2020-April 2021

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
<b>Financial</b>											
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
<b>Legal &amp; Regulatory</b>											
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 <b>actioned and resolved</b> 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
DUCORP01	17/08/2021	The timely sign off of Terms of Engagement with the VBHC team	Finance & Corporate	Having no agreement would affect the rental of the VBHC office and could potentially put a financial burdeon on the DU.	2	2	4	Ensure timely sign off for each financial year with VBHC. Terms of engagement are currently with the VBHC for sign off - Resolved 20/09/2021. To be reviewed October 2021. 	Jeremy Griffith		Ongoing
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. atient 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 (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.  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).	Gareth Lee		Ongoing
<b>Environment</b>											
		Significant requirement for Staff Travel <b>Propose removal of this risk</b>		Staff safety when operating as a lone worker. Staff welfare compromised in association with long days which include significant travel. This risk has been raised somewhat due to the frequency of work being undertaken by South Wales based staff working in North Wales.	8			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.			
		Home working during the COVID 19 Pandemic <b>Propose removal of this risk</b>		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			
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	4	4	16	COVID19 regulations and staff wellbeing and safety in place for returning to the office	Cathy Dowling Dave Semmens		Ongoing



Organisational											
		Retirement/people moving on  Recruitment and staff retention difficulties create barriers to maintaining the required staff skill mix <b>Propose removal of this risk</b>		Loss of corporate memory leading to · Loss of skill and knowledge · Difficulty maintaining work programme · Loss of learning from previous experience to inform improvement  Reduced capacity to sustain work programmes.  Poor organisational reputation if skill mix and capacity is reduced.  Reduction in the delivery of high quality work programmes	12			An agreed work programme Develop sustainable audit trail through the use of corporate electronic filing system retaining comprehensive yet succinct records of work programmes.  Use of PADRs to prepare staff to take opportunities to progress within the DU as vacancies arise.  Develop flexibility in the workforce to · Sustain work programmes. · Build workforce capacity · Maintain organisational memory  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 .			
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 <b>Proposed removal of this risk</b>		Breaches in ABMU 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 <b>Proposed removal of this risk</b>		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 ABM well-being resources COVID19 sickness reporting new guidelines circulated to staff and monitored Use of OH department			
		DU and WG colleagues use inaccurate figures when challenging NHS Trusts and HBs on their performance <b>Proposed removal of this risk</b>		Decisions made on basis of inaccurate information	2	2	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. COVID19 - insufficient data, change in reporting during pandemic			
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

26 October 2021

## Assessment Matrix

The analysis stage assigns each risk a significance rating. This takes into account any existing factors such as current controls in place. Rating risks in a consistent and rational way assists in further evaluation and aids decision making in respect of responding to the risk. Risks are rated according to likelihood and consequence and score using a risk matrix. It is important at this stage for the organisation to revisit the risk criteria that have been defined to assess the impact on each if the risk materialises.

Consequence		1	2	3	4	5
Likelihood		Insignificant	Minor	Moderate	Major	Catastrophic
5	Almost certain	5	10	15	20	25
4	Likely	4	8	12	16	20
3	Possible	3	6	9	12	15
2	Unlikely	2	4	6	8	10
1	Rare	1	2	3	4	5

The following extracts are taken from the **RISK MANAGEMENT TOOLKIT 2013** (Y:\1 Delivery Unit\Office Admin\Governance\Risk Register)

### 2.2.3 Likelihood

A likelihood score is awarded based on the likelihood or probability of an event occurring, or where an incident has already occurred, the likelihood of that event recurring. The following table illustrates this.

Descriptor	5 Almost certain	4 Likely	3 Possible	2 Unlikely	1 Rare
Likelihood	More likely to occur than not	Likely to occur	Reasonable chance of occurring/may occur occasionally	Unlikely to occur	Will occur only in exceptional circumstances

### 2.2.4 Consequence

There can be several different dimensions of consequence, reflecting the risk criteria discussed earlier, e.g. risks would be measured in terms of impact on finance, patient outcomes, claims/complaints, injury

Score	Descriptor	Impact on Individuals	Number of persons affected	Actual or potential impact on the organisation	Actual or potential financial loss/complaint or litigation
1	Insignificant	No injury or adverse outcome Near miss	None	No risk to organisation No impact on service No impact on environment	Theft or loss up to £1k Complaint unlikely Litigation risk remote
2	Minor	First Aid Minor injury Minor illness up to 1 month	1 – 2 people	Minimal risk to the organisation Slight impact on services Slight impact on environment	Theft/loss between £1k - £5k Complaint possible Litigation <£50k
3	Moderate	Temporary incapacity Short term monitoring Additional medical treatment required up to 1 year	Small 3 – 15 people	Some service disruption Potential for adverse publicity, avoidable with careful handling Moderate impact on environment	Theft/loss between £5k - £25k Complaint expected Litigation possible >£50k - £500k
4	Major	Major injury (reportable) Major clinical intervention Permanent incapacity	Moderate 16 – 50 people	Service restriction Adverse publicity Impact on reputation Major impact on the environment	Theft/loss between £25 - £200k Litigation >£500k - £1 million expected
5	Catastrophic	Death	Many 50+	National media interest Severe loss of confidence in PCO	Theft/loss >£200k Litigation >£1 million

Any queries concerning the information contained within the toolkit should be directed to:

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