Data Sharing Partnership Risk Management

Management of Risk within the ICT department is by the following:

This Sheet presents the considered Areas of Risk in delivering a single joined up Data Sharing Health & Social Care Portal to meet the emerging needs of NHS and DGC Spcial Work staff to share data and to improve the overall awareness of Client need as well as to remove where possible risk of lack of sharing of information being the cause of any adverse incident.

The Risk assemment has been developed and will be discussed at the Data Sharing eCommittee

GRAHAM GAULT

General Manager ICT - NHS

GRAEME MCILORUM

Head of Business Support - DGC

SERVICE DELIVERY RISKS

Feb-20 = last accessed/Updated

Risk	Description of risk
1	MANAGEMENT: The Data Sharing Steering Group does not function effectively and progress does not meet expectations.
2	DGC Scrutiny Committee Recommendation 1 is not met: Electronic information data sharing systems should be enabled to share basic information by the end of 2018.
3	DGC Scrutiny Committee Recommendation 2 is not met: Dumfries and Galloway Council should ensure the reporting and monitoring of the transition phase, which will include staff from the Council and NHS Dumfries and Galloway sharing increased amounts of information through a secure system.
4	DGC Scrutiny Committee Recommendation 3 is not met: Consider the scope for improving data sharing further across all sectors beyond 2019 as confidence and initial benefits are realised.
5	DGC Scrutiny Committee Recommendation 4 is not met: To make full use of mobile technologies for practitioners in the field to access and update data for clients
6	DGC Scrutiny Committee Recommendation 5 is not met: Develop a single consent process for clients, including a review and update process for additional permissions and changes to circumstances.

7	DGC Scrutiny Committee Recommendation 6 is not met: Through improved data sharing, maximise the opportunity to schedule work across the Council and NHS Dumfries and Galloway in the most efficient and effective way to benefit the user.
8	INFORMATION GOVERNANCE: The Information Governance using the ISP cannot be agreed between the NHS and DGC and therefore does not allow Users to Use the developed solution.
9	MANAGEMENT: The PORTAL is not used by the user community in NHS/DGC.
10	TECHNICAL: Patient matching not effective due to Demographic Discrepancies. Incorrect / inaccurate information shared or disclosed.
11	MANAGEMENT: Information not shared within appropriate timescales. Information not available when decisions are made by NHS/DGC teams.
12	INFORMATION GOVERNANCE: The implementation of, or the actual Information Sharing Agreement, is incorrect. Resulting in either too much information being shared than is appropriate, or not enough information to positively affect the care offered. This must be regularly reviewed / updated.
13	INFORMATION GOVERNANCE: The Chronology of Significant Events stays independently managed across organisations so key information may be missed.
14	TECHNICAL: Orion PORTAL are unable to present Mosaic Information within the Portal.

19	5	MANAGEMENT: Funding availablity is not in line with the requirements of the requirements/ Changes made by the Service.

Required by?	Likelihood		Impact
N/A	Possibly Occur	3	Major
Dec-18	Almost certain	5	Moderate
	Almost certain		Moderate
31-Dec-19	Possibly Occur	3	Minor
31-Mar-20	Remote Possiblility	2	Minor
31-Dec-21	Possibly Occur	3	Moderate

	Possibly Occur Possibly Occur		Moderate Major
31-Dec-19	Possibly Occur	3	Moderate
ASAP	Possibly Occur	3	Moderate
N/A	Possibly Occur	3	Major
N?A	Possibly Occur	3	Moderate
N/A	Will probably occur	4	Moderate
Jul-20	Possibly Occur	3	Moderate

Ongoing	Possibly Occur	3	Major

	Curr	ent			
Impact score	Current Risk	Risk	Risk Strategy	Risk Owner	No
4	High	12	Mitigate	DGC, NHS Lead	1
				Officers	2 3 4 5 6
					3
					4
					5
3	High	15	Mitigate	DGC, NHS Lead	1
		10		Officers	3
					3
					4
					5
					6
3	High	15	Manage	DGC, NHS Lead	
				Officers	1
					3
					3
					4
					5
					6
2	Medium	6	Manage	DGC, NHS Lead	
		O		Officers	1
					3
					4
					5
2	Medium	-	Mitigate	DGC, NHS Lead	6
	Medium	4	wiiligale	Officers	1 1
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					3
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2	Medium		Manage	DGC, NHS Lead	1
3	INGUIUIII	9	ivialiay c	Officers	
					3
					4
					5
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2	Medium		Tolerate	DGC, NHS Lead	
]	Medium	9	Tolerate	Officers	1
				Officers	2
					3
					4
					5 6
4	I II alla		Ma	DOOL and Dant	
4	High	12	Manage	DGC Legal Dept.	1
		1		NHS CLO	3
					3
					4
					5 6
				_	6
3	Medium	9	Manage	H Collington	
		9			1
					2
					3 4
					5 6
3	Medium	9	Manage	DGC + NHS	1
		9			3
					3
					4
					5
					6
4	High	40	Manage	DGC + NHS	1
		12	Ŭ		2
					3
					4
					5
					6
3	Medium		Manage	DGC Legal Dept.	1
		9		NHS CLO	
					2 3 4
					1
					5 6
2	High		Manage	DGC + NHS	1
3	High	12	Manage	DGC T INFIG	
					2
					3
					4
					5
	Ma alivera		Managa	Conordina	6
3	Medium	9	Manage	General Manager	
1]			ICT - NHS	1

				2 3 4 5 6
Medium	9	Manage	COOs	1 2 3 4 5 6

Comments
Meet every 2 months
Weekly report on Progress now asked by COO
Delays in matching data being addressed
Delays in secure file transfer facility being addressed.
Delays in extract file being addressed
Remote access to Mosaic enabled for identified NHS users and has been for some
time
This is being proposed through shapes with the IOD which shapes to unit to
This is being managed through changes with the ISP which changes to reflect
modifications to the data items being agreed to be shared.
Is there a benefits defintion or realisation framework agreed by the practitoners?
is there a benefits definition of realisation framework agreed by the practioners:
This is an extensive piece of work which will needs to follow on from the
implementation of sharing arrnagements across the two statutory agencies; a
realistic timeframe needs to be consdiered for this to have full consideration.
Social Work issued laptops, iphones and have offline form capability and remote
netowrk access available already.
Discussions with Servelec/TotalMobile re integrated mobile solution
Online Mosaic portal will enable citizen self service - target go-live July 2020
NHS staff already have MORSE to record remtely directly into the PORTAL.
Nice Produced and
Not discussed yet!

Dynamic scheduling solution being procured within Council which could be
expanded for use in HSCI
Not really discussed in detail yet.
ISP has now been updated and signed.
Reports on access to the PORTAL are provided to Senior Ops Manager and demonstrate improving picture
Presenting Health information within Mosaic will reduce complexity for Social Work
still to get process in place, Reassess when testing
Needs to be planned so it doesn't happen
Needs to be planned so it doesn't happen COOs are receiving weekly reports to monitor progress.
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DAT	IX Summary / Collective Entries
1	Computing Infrastructure Resiliance/ Management
2	Key System Resilaince/Management
3	
4	
5	
6	
7	
8	

Staf	
1	Graham Gault
2	Nigel Gammage
3	Bryan Willamson
4	Lee Horsfall
5	Murray Glaister
4	Brian Currie

Likelyhood	
0	Never going to happen
1	Extremely Unlikely
2	Remote Possiblility
3	Possibly Occur
4	Will probably occur
5	Almost certain

Impact	
0	Absolutely no impact
1	Insignificant
2	Minor
3	Moderate
4	Major
5	Catastrophic

RISK SCORING MATRIX	Likelyhood of occurrence				
Impact of Occurrence	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
	5	10	15	20	25

Corporate Risk Description		
Sustainable Workforce		
Health and Wellbeing of Staff		
Staff Experience		
Emergency Planning		
Infrastructure - Buildings		
Infrastructure - Power Loss		
Information Security		

System Categories		
Diagnostic		
Clinical Information Systems		
Operational (PACWIN/EESS/CATERING ect)		

Risk Strategies	
Mitigate	
Tolerate	
Manage	

- 1 low
- 2 low
- 3 low
- 4 Medium
- 5 Medium
- 6 Medium
- 7 Medium
- 8 Medium
- 9 Medium
- 10 High
- 11 High
- 12 High
- 13 High
- 14 High
- 15 High
- 16 High
- 17 Very High
- 18 Very High
- 19 Very High
- 20 Very High
- 21 Very High
- 22 Very High
- 23 Very High
- 24 Very High
- 25 Very High