

Datix ID	Strategic Risk owner	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4887	Director for Digital	Improving Care	Service / Business Interruption	Retrieval and filing of case notes in the POW Medical Records Library	<p>IF: The Medical Records Filing library at Princess of Wales is full to capacity making it very difficult for staff to retrieve and or file case notes.</p> <p>THEN: Risk of unable to manoeuvre mobile racking, therefore unable to access case notes</p> <p>Risk of fire as case notes close to source of ignition</p> <p>Risk of Fire Service or HSE closing access department</p> <p>Very High risk of upper limb injury</p> <p>Risk of notes falling from height causing injury (some case notes are in excess 8.3kg)</p> <p>Risk of Fire Service or HSE closing access to department</p> <p>RESULTING IN: If we could not retrieve any case notes, Consultants would be unable to make clinical decisions impacting on patient care. If the whole library was affected, this would impact 100 of thousands of patients care. Admissions/Outpatients would have to be cancelled staff refusing to continue to work in unsafe environment. Multiple and serious injuries to staff, possibly death.</p>	<p>(The case notes are very tightly packed on shelves. Mobile racking is failing due to age, lack of maintenance, and weight Case notes are being stored inappropriately on floors under desks, and insecurely at height. The working environment is congested, with no dedicated storage space for large ladders.</p> <p>Significant force is required to retrieve each file (123.N - this is 3 times higher than what is considered to be high force.)</p> <p>Broken Racking at Bridgend Offsite Stores - Repairs have been carried out with damaged racking in Bridgend North Rd Offsite stores.</p> <p>Temporary use of container deployed on site.</p> <p>Broken Racking at POW - On each occasion the racking has failed, the engineer has been able to repair it (£500 + VAT) but it continues to fail. Please see progress notes for more information. Access to this specific racking is permitted to Supervisors only, who only access it once a day.</p> <p>The Filing Library is closed to non-Medical Records staff, aside from the Porters who require access for emergency OOH admissions.</p> <p>Task and Finish group establish to address the above risks. Capacity has been identified at Glanrhyd and noticed served to SBUHB to vacate. It is hoped that we will be able to relocate notes to this area in mid-July, which will address the immediate H&S issues. Currently waiting for procurement process to be completed.</p>	<p>Relocation of Case Notes from POW/Bridgend Off-site Store to Glanrhyd Site. Timeframe 19.8.2022</p> <p>Replace racking and review office environment of POW filing Library. Timeframe 30.01.2023</p> <p>Creating additional long term storage space. Timeframe 31.07.2023.</p>	Digital & Data Committee & Quality & Safety Committee	20	C5xL4	10 C5xL2 (4-C2xL2)	↔	27.10.2021	07.07.2022	19.08.2022
4664	Executive Lead: Director for Digital. Chief Information Officer	Creating Health	Legal / Regulatory	Ransomware Attack resulting in loss of critical services and possible extortion	<p>IF: The Health Board suffers a major ransomware attack.</p> <p>Then: there could be potential data loss and subsequent loss of critical services.</p> <p>Resulting in: Catastrophic service loss to all clinical and business services adversely impacting on population health management, patient care, business continuity, health and wellbeing of staff, organisational relationships, substantial financial risk and the UHB's other routine and improvement work - culminating in a culture of mistrust of the Health Board and all things digital leading to the likelihood of the opportunities that present from digital transformation being less likely to be achieved.</p>	<p>Key Controls:</p> <ol style="list-style-type: none"> 1. Data protection and Information Security controls and policies 2. Cyber security risk register and associated improvement plan 3. NHS Wales infrastructure and networked approach to safe, secure and resilient informatics management 4. Organisational culture and workforce skills and development plan <p>Physical Estate</p> <ul style="list-style-type: none"> - CCTV and access controls on important buildings / rooms <p>Medical Devices & "Internet Of Things"</p> <ul style="list-style-type: none"> - Adoption of National policies and legislation re Medical Devices - Application of Network security measures and partitioning <p>Gaps in Controls:</p> <ol style="list-style-type: none"> 1. Significant levels of digital helplessness and limited cyber awareness amongst staff 2. Poor adherence to policies 3. Architecture and system configuration not sufficiently designed for security, resilience and business continuity 4. Insufficient controls and management of the digital supply chain and lack of transparency and monitoring of our suppliers (NHS and non NHS) 5. NHS Wales digital network and estate not configured for benefit of the UHB 6. No assurance processes in place for UHB to determine & manage vulnerabilities presented by third party suppliers and other NHS Wales organisations 7. Insufficient skills and capacity within the UHB (not just within digital) associated with imbalance in resource allocation between creation and protection of value. 8. Attack detection and discovery could be improved 9. Digital contracts do not provide sufficient levels of indemnity 10. Protection of networked unmanaged end points (e.g. medical devices) could be improved. 11. Insufficient capital funding available 	<p>Cyber and Data Protection Improvement Plans being taken forward. - Timeframe: Quarterly updates</p> <p>NIST Framework adopted by the Health Board to have continuous improvement approach to applying the NIS-D Cyber Assessment Framework, understand and mitigating the identified risks.</p> <p>Infrastructural architectural changes being put in place. Timeframe - Quarterly updates</p> <p>Medical Engineering and the ICT team to develop a programme for assessing risks presented by medical devices and possible mitigations. Timeframe - awaiting recruitment</p> <p>Update August 2022 - Risk realised as an Issue in August 2022 as the GP Out of hours software provider was subject to Ransomware. Cardiff & Vale University Health Board were the only Health Board to avoid impact due to DPA and On-prem hosting - lessons being learnt.</p>	Digital & Data Committee	20	C5 x L4	15 (C5xL3)	↔	26/05/2021	25/08/2022	25.09.2022
4337	Executive Lead: Director for Digital. Bridgend Integrated Locality Group	Creating Health	Operational: Core Business Business Objectives Environmental / Estates Impact Projects	Integrated IT Systems	<p>IF: The Health board does not have a unified electronic health and care record and systems which are integrated across the organisation and with our primary and social care providers</p> <p>Then: The Health board will be unable to deliver safe, high quality, clinically and cost effective care to patients</p> <p>Resulting In: Compromised safety of patients needing treatment that are reliant on clinical test results and information being available to clinicians to plan and deliver the treatment plan and the requirement for sub-optimal manual processes</p>	<p>Key Controls</p> <ol style="list-style-type: none"> 1. SBUHB Service Level Agreement 2. Bridgend disaggregation and the one-CTM aggregation plan 3. NHS Wales Control Agreement and data sharing agreements 4. Numerous national service management boards and Technical oversight groups providing strategic, tactical and operation governance. 5. National ePR programme and systems <p>Gaps in Control</p> <p>The full business case for the Bridgend / old-CT integration remains unfunded. There are currently a number of CTM systems that are not compatible with Bridgend systems.</p> <p>SBUHB have no process in place to incorporate the needs of Bridgend users in their developments.</p> <p>There is insufficient discretionary capital funding available to support delivery of the aggregation plan</p> <p>There is no data item integration with GP systems</p> <p>Numerous delays in NHS Wales progressing open architectural approach</p> <p>Strategic approach to becoming an anchor organisation to encourage SMEs not developed, resulting in challenges in proceeding with small agile developments</p>	<p>Update August 2022 - Regarding the Bridgend/CT aggregation: Programme as set out in IMTP progressing to plan. Discretionary capital programme has made provision to support priority areas of the plan. Business case for all Wales PAS development which incorporates Bridgend / CT aggregation has been funded for the next 3 years(recd 24/8/22). All Wales programme for opening up the architecture starting to develop via National Data Resource however there are numerous challenges and delays faced in getting system and service changes and improvements being put in place.</p>	Digital & Data Committee	16	C4 x L4	8 (C4xL2)	↔	14.10.2020	25.08.2022	25.09.2022
4671	Executive Lead: Director for Digital. Chief Information Officer	Creating Health	Operational: Core Business Business Objectives Environmental / Estates Impact Projects	Lack of a resilient and performant Digital Network Infrastructure and Assets	<p>IF: The Health Board suffers regular local and/or national network issues and/or outages to critical clinical and business systems or performance issues in accessing and using systems.</p> <p>Then: there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated.</p> <p>Resulting in: delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: Loss of information integrity and accessibility as multiple copies of clinical records. Threat of malware being introduced on to the network from unmanaged data, systems and software. Possible breaches to the GDPR, safeguarding and information governance risks. Mistrust by staff of the ICT systems and services they are using</p>	<p>Key Controls</p> <ol style="list-style-type: none"> 1. A structure of National local and service management and change boards are in place and operational 2. Recommendations and advice from National All Wales Infrastructure Programme and 2 Local Infrastructure reviews developed into architectural programme 3. Service Management and Asset Management Improvement Programme established 4. Risk Audit Governance & Cyber Security Board which meets monthly to discuss and take action on service delivery incidents <p>Gaps in Control</p> <p>Insufficient Capital to meet many of the recommendations in the infrastructure plan</p> <p>Cloud policy is undeliverable, given the scarcity of revenue, skills and knowledge</p> <p>Wifi coverage not perfect</p> <p>Discretionary capital programme limited to £300k for rolling replacement in 2022/23 resulting in HB continuing to operate with large number of computers aged more than 10 years.</p> <p>Insufficient people within the infrastructure team to ensure that all interdependencies are prepared prior to changes (often pushed nationally) are made.</p> <p>Deficiencies in our disaster recovery and business continuity architecture</p>	<p>Update August 2022</p> <p>Log of major incidents discussed at weekly Senior Management Team with process for learning and improvement established.</p> <p>Service Level Agreement discussions with Digital Health Care Wales (DHCW) making tentative improvement on disclosure and assurance. Operationally the Health Board suffered significant outage at Prince Charles Hospital (PCH) when the main fibres between the 2 physical LAN switches, that pair together were severed. In future the impact of such an incident will be mitigated by the 15th September when the new data centre at PCH becomes operational and there is full physical separation of the connection between the site and the wider area network (PSBA). Diverse resilient routes for Keir Hardie, Williamstown, POW, Ty Elai, Dewi Sant, YGT, YCC & Gwan Elai (Units 2,3 & 4) to the PSBA (WAN) are being installed. BT are completing the lower level design which will provide the configuration to put in 3 GB connectors for POW. A minicomp to establish diverse routes for the LAN at POW has commenced and we anticipate the work will be completed by December 2022. A firmware upgrade of the Mitel telephony system has been completed with WSM (which enables upgrading of wifi phones) in place for 70% of phones.</p>	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	↔	26/05/2021	25.08.2022	25.09.2022

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4672	Executive Lead: Director for Digital. Chief Information Officer	Creating Health	Operational: Core Business Business Objectives Environmental / Estates Impact Projects Including systems and processes, Service /business interruption	Access to a complete, integrated, and coded medical record.	IF: The Health Board is not able to record information accurately and reliably, with complete and up to date information Then: the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete Resulting in: Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc.	Operational controls: Coding key performance indicators covering productivity, demand and backlog robustly monitored Digitised Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record DHCW annual coding quality audit. Coding improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Natural language programming resource deployed and outputs of programme being validated. Tactical - EPR programme with deployment of snomed-CT ontology server, WCP & E-forms etc. Tactical controls: Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Coding transformation programme Gaps in controls Scanning time of outpatient activity to digitise the record is at 8 days of maximum clinically safe time of 24-48 hours Quality of paper record and its filing is very poor with audits identifying over 50% of paper records are not maintained to acceptable standards Digital solutions not yet using snomed-CT/ structurally coded data Information and Technical Standards not being followed with national body favouring document rather than data exchange 15000 clinical Discharge Advice Letters yet to be completed and ongoing discrepancies between paper and electronic records Digital transcription programme unsupported	Update August 2022 - Consideration being given to Cessation of creating scanned records for any more new patients enabling scanning capacity to be put towards address backlog of active patients who already have a record in the scanning system - Development of a Health Board coding strategy for the development of the profession developed and being taken forward - Natural Language Programming (NLP) and data linkage being used to autocode targeted spells, improving levels of coding completion, based on Snomed-CT - Adoption of data level standards based architecture, - Coding transformation plan, - Opportunity for bi-directional real time integration between primary and secondary care available - National Data Resource (NDR), Clinical Data Repository (CDR) and integration programme	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	25.08.2022	25.09.2022
5040	Executive Lead: Director of Digital Chief Information Officer (SIRO)	Creating Health	Operational: Core Business Business Objectives Projects Including systems and processes, Service /business interruption	Digital Healthcare Wales (DHCW interdependencies)	IF: The Health Board can not integrate new applications into its digital architecture in a timely fashion Then: there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered Resulting in: delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. WEDES) 3. Possible breaches to the GDPR, safeguarding and information governance risks. 4. Mistrust by staff of the ICT systems and services they are using 5. Money being wasted	A Myrddin strategic programme group has been established, chaired by the CEO of DHCW to map out how the constraints can be overcome SLAs are in place between DHCW and NHS Wales organisations, however their futility has been exposed by demand pushing the waiting times for developments to start (not complete) to over 12 months Gaps in controls: WG have agreed some funding for the PAS element, however the DHCW IMTP continues to be a top down decision process rather than one being based on HB (user / customer) needs - driven in part by demand overwhelming their capacity (much of which is either Covid born or results from the significant overrun in establishing a minimum viable product to replace CanISC) and numerous critical constraints not continuing to be observed in the system whilst the architecture remains closed. HB carrying vacancies in critical areas with no capacity to cover the work from within. As a consequence programme to digitise the Emergency Department processes and records has been suspended.	National Data Resource Programme has accelerated plan to open up the architecture, with API management procured for all of Wales. National Funding received from WG for PAS integration work to create a second team supporting data migration. CTMUHB appointment process has commenced. WG funding for £7m awarded to support PAS integration 24/8/22	Digital & Data Committee	15	C3xL5	9 C3xL3	↔	07.02.2022	25.08.2022	25.09.2022
4699	Executive Lead: Director of Digital Information Governance Function	Creating Health	Patient / Staff /Public Safety Impact on the safety - Physical and/or Psychological harm & Statutory Duty / Legislation	Failure to deliver a robust and sustainable Information Governance Function	IF: The Health Board is not able to legally share the business and patient sensitive information for which it is a data controller and which it is required to be shared for the delivery of care Then: There will be a loss of trust and confidence in the Health Board from its patients, population, staff and 'care providing partners' and thus will not have the information required to provide safe, high quality and effective care and to make informed evidenced based decisions. Resulting in: Poor outcomes for our population, a loss of reputation for our organisation, substantial delays in improving services, inability to collaborate regionally or deliver integrated care services.	Key Controls: - Adoption and implementation of All Wales IG and Data protection policies, - Continual improvement and progress made in mitigating non delivery of legislation (CLDC, DPA etc) - Mandatory training in Information Governance with auditing functionality (such as NIAS) built in to monitor compliance. - Accessible but robust data protection process for new and existing data sharing arrangements (DPIA procedures) - Joint data controllership arrangements with DHCW + WASPI -Professional (clinical) training and approach to maintain an accurate and timely medical record Gaps in Controls: 1. Shortfall in trained IG professionals 2. Inability to legally stipulated timescales for Freedom of Information and Subject Access Requests	Cyber and Data Protection Improvement Plans being taken forward. - Timeframe: Quarterly updates Response to ICO audit recommendations being managed on a prioritised and smart basis (aligned to other improvement areas) Benchmarking with other organisations in Wales undertaken. (SB have 9wte, CTM 2.5wte funded, 1.5 wte now --> 0.5wte by end of Sept.) Procedures and requirement to initiate all programmes being enhanced to meet legal requirement of privacy by design Update August 2022 - Further attempt to recruit to two vacated positions in progress Re-allocation of coding staff to IG function on very short term basis to provide some continuity and cover.	Digital & Data Committee	15 ↓ 20	C3xL5	12 C3xL4	↓ Decreased from a 20 in August 2022	18.06.2021	25.08.2022	25.09.2022

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4282	Chief Operating Officer Facilities	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Risks associated with the transfer to the new Planet FM System	<p>If: the Health Board transfers over to the new Planet FM system</p> <p>Then: the TAB system will no longer be supported for Support Services, Laundry Services etc</p> <p>Resulting In: Business Continuity / Service Delivery not being available leading to service and financial loss. Potential for system to crash with no support available to rectify. No reporting system being available.</p>	<p>The Health Board is still using the TAB system until suitable alternative is found. Additional control measure in place of reverting to spreadsheets being used with manual entry, with additional staff put in post.</p> <p>Option to transfer services over to Planet FM through a phased approach has been looked at but unfortunately this is no longer feasible. Depending on if feasible there may be costs associated with licences, training etc. with new system.</p> <p>This has been included within the 'Support Services Forward Work Plan' to identify a solution in place of TAB system.</p> <p>Following review of this risk, the Technical Services Team have agreed that the risk now needs to be increased following confirmation that Tabs will no longer be supported on an IT server from July 2021, so there will be no system in place.</p> <p>Five demonstrations of alternative systems have been undertaken, however they have not been suitable for the Facilities Services. Other systems continue to be looked at by the Technical Services Team. Based on this update the likelihood of the risk remains at 4, giving a high rating (from 12 to 16). The risk will be reviewed in 3 months or following any mitigating actions being undertaken.</p>	<p>Update June 2022: Action: Alternative system for Technical Services and the Laundry Service to be sourced or Tabs upgrade installed. Timescale: 31/03/2023.</p> <p>Alternative systems continue to be reviewed but Tabs upgrade still appears to be the best option so far and could further expand to support other disciplines in the future; examples are accommodation and Shuttle bus bookings. This version also supports full audit tools and history transfer (if required). This is a web based version with live IT support from TABS and does not need CTM ICT infrastructure. However Server maintenance and support is necessary.</p> <p>Still utilising old Tabs system currently. There is a need to upgrade to the new Tabs system, this will then service all area needs.</p> <p>Based on this update the high rating of 4 x 4 = 16 remains. The risk will be reviewed in 3 months or following any mitigating actions and / or implementation of above options being undertaken.</p> <p>Review Date: 31/08/2022</p>	Digital & Data Committee	12 ↓ Decreased from 16 in September 2022	C4xL4	<p>Based on this update the rating has been downgraded from High 4 x 4 = 16 to 4 x 3 =12 as a Moderate risk. The risk will be reviewed in 6 months or following any mitigating actions and / or implementation of above options being undertaken,</p> <p>Review Date: 28/02/2023</p>

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4339	Director of Corporate Governance Information Governance Function	Improving Care	Legal / Regulatory	Failure to complete a timely and robust Data Protection Impact Assessment (DPIA)	<p>If: the organisation fails to complete a timely DPIA for processing activities associated with new projects and systems.</p> <p>Then: there is a risk that the organisation will not be able to deliver on tightly aligned programme plans, leading to other critical dependencies no longer being available</p> <p>Resulting in: major digital implementations being delayed by significant periods of time, resources being lost and benefit opportunities being missed.</p>	<p>A full DPIA may not be required in all circumstances, however, the Information Governance Team will always undertake the initial DPIA checklist which then determines the level of assessment required.</p> <p>Where the risk of sharing is high, the Health Board has an obligation to approach the ICO for their consideration.</p> <p>Current position: 600% increase in Data Protection Impact Assessment in the last 12-18 months.</p> <p>Information Governance Team providing specialist expert advice and support to teams across the organisation.</p> <p>Information Governance training as part of the Statutory and Mandatory training compliance captures the DPIA requirements.</p> <p>Information Governance Policy for the Health Board.</p> <p>Data Privacy Impact Assessment Procedure for the Health Board - updated to clearly indicate timescales for responding and the key stages in the DPIA process. This will allow risks and mitigations to be identified at the earliest opportunity.</p> <p>Information Governance included within a "Good Governance" slot on the Welcome Day Induction Programme.</p> <p>Monthly IG Awareness Sessions reinstated from March 2022.</p>	<p>Continue to raise awareness through training and induction. Monthly IG Awareness Sessions have been reinstated and are being held monthly (virtually at present).</p> <p>Identify IG Champions through TNA to increase capacity within Health Board and reduce reliance on central team. Timeframe amended from June to July 2022 - aligned to the ICO Audit Review recommendations.</p> <p>Funding sources being explored by the Executive Lead and Assistant Director of Governance & Risk to strengthen the resource in the team to support the increase in DPIA requests being received. - See risk 4699. No additional funding available and IMTP request denied. The Director of Corporate Governance and Director of Digital are currently exploring if any additional capacity could be realised through the review of the Operating Model. Timeframe: July / August 2022.</p> <p>Update July 2022 - this risk has been further exacerbated by the forthcoming departure of both the Head of Information Governance and Information Governance Officer and therefore the likelihood has increased from a 4 to a 5. Interim support arrangements are being explored through the Executive Leadership Team led by the Director of Corporate Governance and Director of</p>	Digital & Data Committee			The risk has been incorporated into Risk ID 4699 so this separate risk can now be closed.