

Ref	Risk Title	Risk Description	Target Controls in place	Policies/Procedures/Protocols (inc expiry date)	Gaps in controls	Strategy/Action Plan	Assuring Committees	Impact	Likelihood	Rating (current)	Significant Operational Risks - 1
IntDig1	Holding information securely and confidentially	IF: The Health Board is not able to securely hold the business and patient sensitive information for which it is a data controller Then: The Health Board will not be trusted by our 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, financial loss through penalties (potentially ransom and extortion) and a disabling infrastructure on which to deliver our strategic ambitions. In addition as a result of ICO +/- CRU enforcements our freedom to Act will be diminished and external scrutiny will increase.	Medical Records Cyber security - UHB policies (cyber security, backup, Disaster Recovery etc) - Improving posture as measured the Cyber Assessment Framework (reduced risk of non compliance with NIS-D) - Continued rollout of the patches supplied by third party companies, such as Microsoft, Citrix, etc. - Creation of NHS Wales Cyber Unit to support NIS_D compliance - Investment programme in national software to improve robustness of DHCW provided tools - Capital funding has been made available by WG which will improve UHB's progress in complying with ISO27001 and Cyber essentials plus Data Protection - 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 NIIAS) built in to monitor compliance, - Accessible but robust data protection process for new and existing data sharing arrangements (DPA procedures) - Joint data controllership arrangements with DHCW + WASPI - Professional (clinical) training and approach to maintain an accurate and timely medical record Physical Estate - CCTV and access controls on important buildings / rooms Medical Devices & "Internet Of Things" - Adoption of National policies and legislation re Medical Devices - Application of Network security measures and partitioning	Email use policy (6/20), IG policy (3/23), Info security policy (3/23), Internet Use policy (3/23), Being open policy and procedures (1/19), Business continuity policy (6/19), CCTV policy (6/20), DPA procedure (3/20), Disposal of obsolete ICT equipment (12/19), Electronic data backup policy (9/20), Photography and Video recordings of patients policy (3/18), Major Incident Plan (12/17), Cyber Incident Response plan (Outstanding) and Major Incident Plan (12/17), Freedom of Information Policy (9/22), Mobile phone & media communication devices policy (4/15), Personal Data Breach Mgt Procedure (3/20), Security policy (12/21), Standards of Behaviour policies (4/22), Subject Access Procedure (9/22), Transmission of Manual Faxes Protocol (12/19), Records Management Policy (3/16), Fire policy (2/21),	Cyber security - Non compliance with policies (internal and external) - Technology to resist attacks not always available or purchased 8/ or we do not always have the resources to use the software we have effectively - Medical Devices, Software and Servers out of support - with no mitigation - Weaknesses in firewalls and their configuration - Lack of skills and resources & inefficient investment into cyber improvement plan - Lack of awareness of cyber threats at all levels of the organisation - Internal NHS Wales approach built on trust, (e.g. limited governance arrangements over SB, WHESP, DHCW SLAs with no alternatives) Data Protection - Significant competing priorities and Insufficient resource within the IG and digital teams to enable the organisation to mitigate its data protection risks - Information Asset Register, incorporating data sharing arrangements not complete, with no underlying network of information asset owners and administrators - Compliance auditing not deployed on all systems and almost impossible on paper record - No paper record tracking - Significant barriers to data sharing - many political and economic as opposed to technical or legislative - GDPR/Brexit UK adequacy of personal data protection considered not robust Physical security measures not fully implemented - Curator (ordering and management) of the individual patient record is substandard in some areas - Physical environment for storing medical records is considered to be high risk both in terms of safety and in regards to ensuring timely availability of the case note	Cyber security: - Integrated improvement plan drawing together: National Cyber Assurance (NIS-D) Framework - Cyber essentials improvement plan (then Cyber Essentials Plus) - ISO27001 compliance plan for voice and comms - Internal Audit Improvement Plans - Mandatory training module introduced for cyber & Implement regular phishing exercise for staff to maintain awareness - Cyber resilience exercises & Incident Management Plan (Major incident etc) - Improved threat assessment and organisation at a national level (including improved transparency of DHCW's posture as a key provider) - Improvements in the documentation of the service catalogue to cover disaster recovery, backup, data sharing for all systems - Improvements in the management of networked medical devices Data Protection - IG toolkit & response - ICO improvement plan - IG training - All Wales collaboration on data sharing / privacy engineering (Associated with NDC/CDR) and the Data Promise Information Hub security and estate improvement plan Medical records estate improvement plan (incorporating electronic patient record and scanned record programme)	Digital and Data Cttee	5	4	20	Ransomware Attack resulting in loss of critical services and possible extortion RR = 20 -->IF: The Health Board suffers a major ransomware attack. Then: there could be potential data loss and subsequent loss of critical services. 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.
IntDig2	Effective governance, leadership and accountability	IF: The Health Board does not have vision for digital services & clear strategic and operational programmes in place, with effective governance structures, which allow for effective and efficient decision making, underpinned by robust accountability processes and structures and facilitated by a cadre of professional, clinical and technical leaders who have the requisite skills and resources and are enabled to act Then: Improving the quality and effectiveness of our care and improvements in the health and wellbeing of our population through the use of digital tools and ways of working will be unachievable Resulting In: A vicious cycle of underperformance, outdated ways of working, challenges in recruitment and retention and anticipated benefits failing to be realised	Internal Organisational CTM UHB strategy and IMTP approved Resourced Strategic Outline Programmes of which digital, intelligence and privacy are key facets (Requires refresh) Collective ownership and awareness of cyber security, IG, Intelligence and Digital at board level Clear governance structure: Digital and Data Committee (board sub committee - assurance), Digital Delivery Board (Management) , Project portfolio board (programme initiation) Appropriate programme management (constituted and resourced - with SRDs etc) Appropriate comms, engagement, implementation and support teams across system groups and ILGs (requires development) Policy Control Schedule ICO and Data reporting Service KPIs, Financial and Procurement reporting, Benefits Monitoring Professional / competency register (Not in place) Robust SLAs with Swansea Bay, WHESP & DHCW Robust contracts with 3rd parties WAO / Internal Audit Programme WASPI / Information sharing agreements frameworks for NHS Wales data sharing All Wales NHS Wales architectural and governance reviews underpinning 'A Healthier Wales' and Informed Health and Care National assurance and standards setting committees including (WTSB, WISB, WIAB, SMB, OSSMB) National Programme Management Committees	Standing Financial Instruments (6/21), Scheme of Delegation (4/22), IG policy (3/23), Info security policy (3/23), Major Incident Plan (12/17), Standards of Behaviour policies (4/22), Records Management Policy (3/16),	- NHS Wales governance, data controllership and single tenancy arrangements increase risk of UHB complying with data controllership responsibilities and reduce UHB's ability to meet service needs requirements - Significant gaps in capacity and skills availability to fulfil data protection responsibilities - Discord between professional and executive leadership teams on resource allocation and stewardship of IG function - Weak governance structures for some local programmes - Weak and disconnected processes for the control of digital projects - Lack of skills and resources to deliver programme and attain benefits - Cyber training not mandated - Lack of awareness of cyber threats at all levels - Internal NHS Wales approach built on trust, (e.g. limited governance arrangements over SB, WHESP, DHCW SLAs with no alternatives) - Delays in establishing NHS Wales CDO office to advice on technical and information standards, with many services failing to meet standards - Limited progress in taking forward architecture review and NDR /CDR (exacerbated by Covid) - Limited engagement in Digital Delivery Board (DDB) from outside of finance and digital (exacerbated by operating model devoid of clinical leads for digital) - Limited knowledge of present exposure to certain types of risks - Immature governance arrangements & digital capabilities in regards to IOT and small cloud based initiatives. - Resources allocated to digital programme insufficient to deliver infrastructure and services which underpin the organisation's annual plan (numerous functions: benefits realisation, engagement, cyber, asset management)	- Organisational operating model - IMTP digital programme with associated Target Operating Model - Project governance standards - Estates compliance groups (e.g. asbestos, electrical safety, portable appliance testing group, fire) - Training and education to fully optimise the technology that has been deployed - Adoption of Technical and Information Data standards (through architectural review board) - Data Protection and cyber improvement plans incorporating board level development and knowledge of data protection requirements and good practice - National (HEIW and DHCW) training programmes in digital competency and data literacy for digital and non-digital workers	Digital and Data Cttee	5	3	15	Lack of Effective IG & Cyber security resource RR=15 - 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 share 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.
IntDig3	Obtaining information fairly and efficiently	IF: The Health Board is not able to obtain information fairly and efficiently/effectively Then: the joined up digital record which enables our strategic ambition and digital strategic programmes (citizen portal, integrated care record, evidence based decision making) will not be achievable and we will either remain on a paper record, a disintegrated record, or will not be trusted to hold a record Resulting In: Poor outcomes for our population, a loss of reputation for our organisation, financial loss through penalties and a disabling infrastructure on which to deliver our strategic ambitions	Obtaining Information Fairly CLDC reliance on Indirect consent IG policy and toolkit (GDPR /PERC) use of privacy notices WASPI / Data sharing arrangements / Data Promise, Research and Development regulations (Including ethics committee) Obtaining Information Efficiently/Effectively Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business Corporate IMTP One CTM - Bridgend / CT aggregation (Digital systems, business logic & data repositories) MS Business Platform Transformation Programme (inc Website & Intranet Development) Corporate capital and revenue programmes Workforce mobilisation programme Staff and Patient training UHB Infrastructure and Telecommunication strategies Estates transformation Financial statutory instruments	IG policy (3/23), Info security policy (3/23), Internet Use policy (3/23), Business continuity policy (6/19), CCTV policy (6/20), DPA procedure (3/20), Electronic data backup policy (9/20), Photography and Video recordings of patients policy (3/18), Major Incident Plan (12/17), Mobile phone & media communication devices policy (4/15), Personal Data Breach Mgt Procedure (3/20), Security policy (12/21), Standards of Behaviour policies (4/22), Subject Access Procedure (9/22), Transmission of Manual Faxes Protocol (12/19), Medical Device Mgt Policy (2/23), Patient Information Guidelines (3/23), Patient Positive ID policy (1/23), Patient wristbands (3/09), Records Management Policy (3/16), Accessing interpreter and translation services policy (7/21), PECR procedure (xx)	Absence of a policy and procedures on a 'unified communications position for the UHB' (multi modal channels of care are unmanaged and unmanageable, overwhelming our staff and resulting in vital information being lost or missed). Obtaining Information Efficiently/Effectively Much of medical record still paper based or using process which do not optimise effective use of working time by digital tools Immaturity of the national and local Information for the patient (e.g. citizen portal) & digital inclusion programme Digital support tools such as e-observation, e-prescribing not available UHB's own information not readily available - challenges getting full data out of DHCW & people storing their own data or signing up to have the data stored by a third party in the cloud without the UHB having full and timely access Cyber controls enforced prior to alternative enablers being implemented resulting in professionals not being enabled to deliver value to the population & the organisation Significant cost pressures anticipated - from both providing the hardware and replacing it and from license cost inflation / specification changes One CTM - Bridgend / CT aggregation business case not funded Workforce mobilisation programme not fully funded or rolled out Staff and Patient training sub optimal Population not digitally enabled (e.g. not all have access to tools and connectivity to use UHB's digital offerings) UHB Infrastructure and Telecommunication strategies not implemented Estates transformation not yet determined NHS Wales governance, data controllership and single tenancy arrangements increase risk of UHB complying with data controllership responsibilities and reduce UHB's ability to meet service need and service change requirements	- Electronic patient record programme (incorporating DPN & WCP) - Citizen portal programme - Patient and staff digital inclusion programme, - Infrastructure programme (inc consideration of BYOD) - Digital promise & data sharing programmes - Coding improvement and transformation plan - Programme to provide single sign on functionality	Digital and Data Cttee	4	2	8	
IntDig4	Recording information accurately and reliably	IF: The Health Board is not able to Record record information accurately and reliably 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.	Recording Information Accurately: 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) Workforce skills & development programme (TBD) Coding transformation programme Information and Technical Standards Clinical audit Recording Information Reliably NIS-D improvement programme (All-Wales) Information and Technical Standards Cyber resilience UHB Infrastructure and Telecommunication strategies Workforce mobilisation programme Staff and Patient training Robust SLAs with Swansea Bay, WHESP, DHCW Robust contracts with 3rd parties (e.g. BT for PSBA, Microsoft, CITO and other service & systems providers)	IG policy (3/23), Info security policy (3/23), Being open policy and procedures (1/19), Business continuity policy (6/19), Photography and Video recordings of patients policy (3/18), Medical Device Mgt Policy (2/23), Patient Positive ID policy (1/23), Patient wristbands (3/09), Records Management Policy (3/16), Accessing interpreter and translation services policy (7/21), PECR procedure (xx)	Recording Information Accurately: Significant data quality issues persist & little cultural ownership of the problem Backlog of unwritten Discharge Advice Letters extends to 5 months in some specialties Vast majority of clinical events not coded or conforming to technical and information standards Workforce skills & development programme dependent on individuals Ongoing use of unstructured paper records and poor record keeping Recording Information Reliably Network & software not configured to support digital / virtual ways of working Digital support services and response times insufficient to enabling reliance on digital ways of working Financial and workforce resource and competence issues Covid response has left much to be re-architected and optimised Continuing and pervasive use of Whats App	- Electronic patient record programme (incorporating DPN, WCP & e-forms) - IG plan, - Improving Data Quality Initiative, - Adoption of data level standards based architecture, - Coding transformation plan, - Data democratisation and use - NDR, CDR, and integration programme - Update to all Wales email policy to extend to - NDR, CDR and integration programme	Digital and Data Cttee	3	4	12	Failure to deliver replacement Laboratory Information Management System, LINC RR=20 -->IF: LINC Programme fails to deliver replacement Laboratory Information Management System (LIMS) by summer 2025/26; CTM would be without a supported Pathology LIMS system RESULTING IN: Without the implementation of the new LIMS system the pathology service may fail to produce accurate, timely patient results for diagnosis, monitoring and screening of patients which would impact treatment, patient flow and waiting times.
IntDig5	Using information effectively and ethically	IF: The Health Board does not, or can not, use information effectively and ethically Then: we will not drive optimal decision making, we will not speed up the time to diagnoses, we will not be able to innovate or contribute to research and development initiatives which drive wider value realisation for the UHB or our community and if we do not act ethically we will tarnish our brand and that of the NHS Resulting In: Less support from our population and thus from policy makers and other partners if we act unethically, threatening the sustainability of our efforts and the clinical and cost effectiveness of our practices.	Using Information Effectively: Data Democratisation Programme Digital population strategy (not yet developed) Clinical Data Repository / National Data resource programme & agreed standards Workforce skills and development programme (quality and quantity of workforce with appropriate digital skills) Infrastructure improvement programme (Capacity, resilience and functionality) Clinical Informatics Programme Service KPIs, Financial and Procurement reporting, Benefits Monitoring Medical Devices Legislation National Digital & Intelligence Resource Libraries DPA process Using Information Ethically: Data Protection legislation (GDPR, CLDC, PERC etc) - with compliance monitoring Ethical Standards (SEWREC) Adoption and implementation of All Wales IG and Data security policies NHS Wales Data Promise (tbd) Medical Devices & AI Legislation	Email use policy (June-20), IG policy (3/23), Info security policy (3/23), Internet Use policy (3/23), Being open policy and procedures (1/19), Business continuity policy (6/19), DPA procedure (3/20), Photography and Video recordings of patients policy (3/18), Mobile phone & media communication devices policy (4/15), Personal Data Breach Mgt Procedure (3/20), Standards of Behaviour policies (4/22), Subject Access Procedure (9/22), Medical Device Mgt Policy (2/23), Patient Information Guidelines (3/23), Records Management Policy (3/16), In service testing of electrical equipment procedure (7/18), Fire policy (2/21),	Using Information Effectively: Data Democratisation Programme not yet defined - no progress on data promise Digital population strategy not yet developed Delays in Clinical Data Repository / National Data resource programme & compliance with agreed standards Workforce skills and development programme still being developed Infrastructure improvement programme failing to keep pace with demand Gaps in our knowledge around Medical & other IOT devices National Digital & Intelligence Resource Libraries Using Information Ethically: Ethical Standards not clear regarding use of private companies who limit access to those who consent to share data NHS Wales Data Promise initiative slow in being progressed and now made more complicated by NHS England initiative Limited availability and thus clinical access and ownership of clinical and business information	- NDR / CDR Programme - Electronic patient record programme (incorporating DPN & WCP) - Data democratisation (including Business Intelligence development) - Workforce skills and development (with HEIW) - Infrastructure improvement programme - Digital population strategy	Digital and Data Cttee	3	4	12	DHCW Interdependencies RR = 15 --> 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. WEDS)
IntDig6	Sharing information appropriately and lawfully	IF: The Health Board does not share information appropriately and lawfully, thereby failing in our duty to appropriately balance risk and benefits Then: we will not have the information and knowledge to support care delivery and population health management Resulting In: Poor outcomes for our population, a loss of reputation for our organisation, financial loss through penalties and a disabling infrastructure on which to deliver our strategic ambitions	Data Protection - Adoption and implementation of All Wales IG and Data protection policies supplemented by appropriate CTM policies and procedures - Mandatory training in Information Governance with auditing functionality (such as NIIAS) built in to monitor compliance, - Accessible but robust data protection process for new and existing data sharing arrangements (DPA procedures) - Joint data controllership arrangements with DHCW + WASPI - Data sharing arrangements with Local Authorities, GPs and other direct care providers - DPA process	Email use policy (June-20), IG policy (3/23), Info security policy (3/23), Internet Use policy (3/23), Asbestos Mgt plan (1/22), Being open policy and procedures (1/19), Business continuity policy (6/19), CCTV policy (6/20), DPA procedure (3/20), Disposal of obsolete ICT equipment (12/19), Electronic data backup policy (9/20), Policy for handling persistent and serial complaints (3/24), Photography and Video recordings of patients policy (3/18), Major Incident Plan (12/17), Mobile phone & media communication devices policy (4/15), Personal Data Breach Mgt Procedure (3/20), Security policy (12/21), Standards of Behaviour policies (4/22), Subject Access Procedure (9/22), Transmission of Manual Faxes Protocol (12/19), Medical Device Mgt Policy (2/23), Patient Information Guidelines (3/23), Patient Positive ID policy (1/23), Patient wristbands (3/09), Records Management Policy (3/16),	Data Protection - Data sharing agreements are not in place for a number of historical data flows, with asset registers not always up to date or incomplete - No national data sharing framework in place to support NDR - WASPI arrangement does not cover all CTM LAs - No data sharing agreement with GPs in place to enable operational public health and managing the population on an integrated care basis - No national data sharing framework in place to support NDR - No access to national risk pool type arrangement for independent NHS contractor services (e.g. GPs, dentists, optom) - Challenges with the SBU / CTM data sharing regarding population data	- National data promise - POW/CT PAS aggregation - Local and National NDR CDR programme (incorporating data sharing arrangements) - Population Health Management Programme - WCCIS programme development	Digital and Data Cttee	3	3	9	Integrated IT Systems RR=16 -->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 Then: The Health board will be unable to deliver safe, high quality, clinically and cost effective care to patients Resulting In: Compromised safety of patients needing treatment (e.g. GPs, dentists, optom) 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

Action Plan -1	Significant Operational Risks - 2	Action Plan -2
<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. Staff awareness and training initiatives increased & incident management plan maturing</p> <p>Infrastructural architectural changes being put in place. Timeframe - Quarterly updates</p> <p>Network Monitoring pilot being initiated as initial stage of improving management of end points (devices on the network)</p>	<p>Lack of a resilient and performant Digital Network Infrastructure and Assets RR= 15 IP: 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>Update February 2023 - The new data centre at PCH is now fully commissioned and operational. The BT switch room has been decommissioned and all services have been removed. Phase 3 planning for PCH has now started and it has been identified that there is a substantial risk to network resilience around the plan to remove the IT portakabin before supplying a replacement data centre, options for mitigation are being considered. All switches and cabinets at the YCR site have been upgraded, which on replacement of the cores, will enable up to 10 GB connectivity for the site to the LAN. As a consequence of the YCR improvement work the RGH work has been delayed and is yet to commence. At POW a 10 GB link has been established, and commissioning of the 2nd router will provide the 2nd diverse link for resilience. Agreement with Swansea Bay around the lower level design of the 10GB firewalls is underway (which will replace a 1 GB link). The firewalls have been purchased, but staffing will be a constraining factor to implement these as configuration to required standards will be a lengthy process. The tender for replacement of the telephone lines in the old-CT area is being released on the 4th March, in time for planned replacement which is due before the end of June.</p>
<p>Actioning of Cyber and Data Protection Improvement Plans decelerated due to staffing levels. Response to ICO audit recommendations being managed on a prioritised basis (aligned to other improvement areas)</p> <p>In regards to workforce: Recruitment of a permanent IG officer has been successful, with a contractor Head of IG in post until 31st March. Process for appointing a permanent post delayed by Vacancy structing process further increasing likelihood of risk materialising. Band 3 IG administrator leaves 3rd March with no funding to replace. Cyber security down to 2 site staff. Mitigation is by means of enhanced triaged by first line support and senior management team constantly acting down, increasing challenges for recruitment and retention, exacerbated by organisational change process. Timeframe: Quarterly updates</p>	<p>Workforce Capacity and Capability RR=15 - IF: The Health Board has an insufficient volume and proportion of staff who are skilled in informatics and who are digitally competent to enable our patients and population to benefit from the opportunities AI and digital</p> <p>Then: The Health Board's ability to deliver its strategy and the quadruple aim in the medium and longer terms will be reduced.</p> <p>Resulting in: A decline in our population's relative health and wellbeing status and increasing inequity</p>	<p>Virtual training libraries. Cyber awareness and IG mandatory training. Establishment of a small number of clinical informatic posts.</p>
<p>As the NHS Wales Health Collaborative becomes part of the NHS Executive it has been agreed that the LINC Programme will move to Digital Health Care Wales</p>	<p>Access to a complete, integrated, and coded medical record. RR = 15 IP: The Health Board is not able to record information accurately and reliably, with complete and up to date information</p> <p>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</p> <p>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.</p>	<p>Update February 2023 - First stage Digitisation of eye care due to go live March-23. WNCR, e-TOC, MS 365 Navigation hub and e-whiteboards programmes continue to improve digitisation of unscheduled care pathways and inpatient care. Business cases for digitising mental health, community care and prescribing being developed.</p>
<p>National Funding received from WG for PAS integration work to create a second team supporting data migration which is progressing. CTRHUB & DHCW appointment process completed and milestones being met. Delays in APIs for core data and logic flows being experienced, with timescale slipping by further 3 months to April 2023.</p>		
<p>Update February 2023- Bridgend/CT aggregation Programme has delivered on all milestones in the IMTP. Data sharing with primary care not being taken forward in 2022/23 - resource prioritisation decision. Unable to get DHCW support for WPAS API which would help delivery of Planned care recovery programme</p>		