Datix ID	Strategic Risk owner	Strategic Objective	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
4664	Executive Director of Public Health - Interim Executive Lead responsible for ICT. Chief Information Officer	Provide high quality, evidence based, and accessible care.	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Ransomware Attack resulting in loss of critical services and possible extortion	**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 impacting on population health management, patient care, business continuity, organisational relationships & substantial financial risk - culminating in a culture of mistrust of the Health Board and all things digital	**Key Controls:** 1. Email filters from both Microsoft and the National email relay which scan for malicious and suspicious email types and their attachments. 2. National Checkpoint firewalls that monitor for and block suspicious network traffic, including those from known malicious geographical areas. 3. National SIEM that monitors and logs suspicious external incoming traffic. As well as monitoring local network traffic for each NHS Wales organisations. 4. Local Firewalls at each of the Health Board's geographical areas that only allows inbound trusted network traffic. 5. Anti-malware software installed on all Health Board computing devices which includes ransomware behavioural intelligence. 6. Blocking and monitoring of Internet traffic. 7. Locally systems that monitor the local network for suspicious traffic. 8. A monthly patching regime to ensure that all operating systems are up to date. 9. Regular backups of critical information and device configuration which is stored off site as part of DR/BC planning. **Gaps in Controls:** 1. Current National SIEM has presented many issues in terms of access to the Health Board for identifying issues and addressing false positives. 2. The Health Board is currently not addressing the need for the national Cyber Security training to become part of mandatory training to all staff. 3. A regular co-ordinated approach to providing Phishing campaigns as part of staff awareness to indicators of compromise. 4. A process where the Health Board can monitor where staff have read important information/cyber security policies. 5. The current network Intrusion Detection/Intrusion Protection system (IDS/IPS) is no longer licensed under the new generation firewall infrastructure.	The Health Board has purchased a Phishing tool which the ICT Department in co-operation with Information Governance and Counter Fraud are using to simulate Phishing attacks. This is to help educate staff and will be used to push the organisation to add the NHS Wales national cyber security awareness training as a mandatory core competency to all staff via ESR. The ICT Department are investigating ways to improve the security of backups to ensure that these are protected from potential ransomware attacks. The ICT Department are investigating ways to segregate the current configuration of the network infrastructure to ensure that critical clinical systems are better protected from cross infection. The ICT Department will be re-introduce Cisco FirePower which is an IDS/IPS networking software. The ICT Department will be reviewing the current local Cyber Incident Response Plan which will be escalated up to senior and board level management. The SIRO/cyber leads will be undertaking a programme of introducing the NCSC Board Level toolkit to provide knowledge of cyber to Board members. The organisation is recruiting a Director of Digital Services who will be a member of the Board. This position will enhance the complexities and needs of both service delivery and information/cyber risks.	Digital & Data Committee	20	C5 x L4	15 (C5xL3)	↔	26/05/2021	05/06/2021	25/06/2021
4337	Executive Director of Public Health - Interim Executive Lead for ICT Bridgend Integrated Locality Group	Ensure sustainability in all that we do, economically, environmentally and socially.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	IT Systems	**If:** The Health board is unable to deliver vital clinical information services to the Bridgend locality affecting many clinical systems that are not compatible with Cwm Taf University Morgannwg Systems. **Then:** The Health board will be unable to deliver safe, high quality care to patients without vital clinical information available. **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.	**Key Controls** SBUHB Service Level Agreement Bridgend disaggregation and the one-CTM aggregation plan Numerous national service management boards and Technical oversight groups providing strategic, tactical and operation governance. **Gaps in Control** The business case for integration remains unfunded. There are currently a number of CTM systems that are not compatible with Bridgend systems. SBUHB have no process in place to incorporate the needs of Bridgend users in their developments.	Progress in line with the existing plans which were agreed on the primary basis of their need to be affordable, has been made over 2020/21 with a number of new systems, such as pharmacy management introduced as pan-CTM products. However there is still considerable work required to create a unified digital infrastructure for CTM = around the clinical systems and the remainder of the ICT SLA. The business case details a funding requirement of £8 million. This was discussed at the Digital cell with WG in February 2021 and a further funding request has been submitted to WG at their request, along with complimentary proposals from Digital Healthcare Wales (DHCW) for which CTM has worked with them on. Timeframe - Mid June 2021 when DPIF Funding is announced.	Digital & Data Committee	16	C4 x L4	8 (C4xL2)	↔	14.10.2020	26.5.2021	30.06.2021
4699	Director of Corporate Governance Information Governance Function	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to deliver a robust and sustainable Information Governance Function	**If:** the Health Board fails to adequately resource the Information Governance Function following an increase in activity and demand since the boundary change and new operating model. **Then:** the health and wellbeing of staff along with the ability to comply with legislation and service delivery will be impacted. **Resulting in:** an impact on the workforce (poor morale, health and wellbeing, retention), Impact on Service Delivery and Compliance with Legislation	Work programme prioritised to focus on the "must do's": - Urgent Data Sharing Agreements - Responding to FOI's from the Public - Responding to Subject Access Requests - Responding to IG activity that relates to the safety of the public, responding to queries from external agencies such as Police investigations etc. - Significant incident investigations and concerns. -ICO activity and audit	Benchmarking with other organisations in Wales undertaken. Business case for additional IG resource developed to seek funding.and will shortly be presented to the Executive Team for consideration following receipt of new risk. Review: 31.10.2021	Digital & Data Committee	16	C4xL4	8 C4xL2	↔	18.06.2021	24.8.2021	31.10.2021
4282	Chief Operating Officer Facilities	Provide high quality, evidence based, and accessible care.	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	**If:** The Health Board transfers over to the new Planet FM system **Then:** the TAB system will no longer be supported for Support Services, Laundry Services etc **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.	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. 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. This has been included within the 'Support Services Forward Work Plan' to identify a solution in place of TAB system. 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. 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.	Action: Alternative system for Technical Services and the Laundry Service to be sourced. Timescale: 15.09.2021 No change as at 3.9.2021.	Digital & Data Committee	16	C4xL4	4 C4xL1	↔	19/02/2020	3.9.2021	15/09/2021
4672	Executive Director of Public Health - Interim Executive Lead for ICT / Digital Chief Information Officer	Provide high quality, evidence based, and accessible care.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards (target is 95% completeness within month coded, and 98% on a rolling 3 month period)	**IF:** The Health Board is not able to record information accurately and reliably & does not address the 25000 backlog of uncoded FCEs **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 DHCW annual coding quality audit. 2020/21 funding addressed backlog and proposals made to extend this into 2021/22. **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 Information and Technical Standards Clinical audit **Gaps in controls** Workforce skills & development programme Insufficient resource available to address backlog Digital solutions not yet using snomed-CT/ structurally coded data	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. Programme to address the backlog using additional sessions and agency codings ran in March and extension for 2021/22 proposed - awaiting consideration via IMTP prioritisation process **Tactical** - EPR programme with deployment of snomed-CT ontology server, WCP & E-forms etc	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	05.06.2021	31.07.2021
4671	Executive Director of Public Health - Interim Executive Lead for ICT / Digital Chief Information Officer	Provide high quality, evidence based, and accessible care.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	NHS Computer Network Infrastructure unable to meet demand	**IF:** The Health Board suffers regular local and/or national network issues and/or outages to clinical and critical business systems. **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. **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.	There are various Service Management boards from ADIs, service delivery and infrastructure management which have representatives from each NHS Wales organisation and departments. These meet regularly with a governance structure to escalate any service delivery and security incidents and risks. SLAs are in place between DHCW and NHS Wales organisations and incidents are escalated up via the national Service Point Service Management system. The Health Board has the Risk Audit Governance & Cyber Security Board which meets monthly to discuss and take action on service delivery incidents. Local and National Infrastructure reviews are presently underway.	Infrastructure and comms actions plans were agreed 24 months ago and are being delivered as funding and staffing are available (recognising priorities changed during Covid). The Health Board to develop a robust incident management process. This is to ensure that regular outages of national systems and infrastructure are escalated to the appropriate governance structures to address such issues locally and nationally.	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	↔	26/05/2021	26/05/2021	25/06/2021

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4693	Chief Operating Officer Facilities	Provide high quality, evidence based, and accessible care.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Electrocardiogram (ECG) carts not connecting to hospital network	**If:** The GE ECG carts use DHCP to obtain an IP address from the network so that they can connect to the SBUHB MUSE system and download ECGs. If they are not able to connect to the hospital network then they cannot identify patient demographics from the wrist band using the online ADT functionality. **Then:** This is causing a backlog of tests not being stored centrally and only held locally on the machines. The machines are only capable of storing 200 tests before overwriting historic tests on a first in first out principle. **Resulting In:** the Health Board having no method of recording what tests have been deleted and failed to store on the MUSE server. In addition to this ICT (SBUHB) have looked at the situation and informed us that the wireless connectivity for these machines are running out of IP addresses depending on the number of wireless devices also live on the network at the time. This makes the connection of machines to the network random and unsustainable for the service. This could result in service / business interruption and delays.	There are no control measures that can be put into action currently. Situation is being escalated to SBUHB ICT. The Health Board can only rely on paper copies of the ECGs being kept in the patient notes. There is no mitigation options for digital review and storage of ECGs with GE MUSE System. Based on this update the risk has been scored as a high risk (Consequence 3 x Likelihood 5 = 15) and will be reviewed in 3 months time or when mitigating actions have been implemented.	Action: ICT (SBUHB) to review potential solutions with Clinical Engineering to address the wireless connectivity for these machines and the running out of IP addresses. Timescale: 16/09/2021. No change as at 3.9.2021.	Digital & Data Committee	15	15 (C3xL5)	3 (C3xL1)	↔	16.06.2021	3.9.2021	16.09.2021