

Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	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
5276	Director of Digital	Central Function - Digital and Data	Assistant director of therapies and health science	Sustaining Our Future	Business Objectives - Operational Patient safety Digital Healthcare Wales Interdependencies	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025,	IF: LINC Programme fails to deliver replacement Laboratory Information Management System (LIMS) by summer 2025 THEN: 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.	Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group.	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	Digital & Data Committee Quality & Safety Committee	20	C4xL5	8 (C4xL2)	New Risk Escalated October 2022	26.10.2022	26.10.2022	26.11.2022
4887	Director for Digital	Central Support - Digital & Data Function	Medical Records Manager	Improving Care	Service / Business Interruption	Retrieval and filing of case notes in the POW Medical records Library	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. THEN: Risk of unable to manoeuvre mobile racking therefore unable to access case notes Risk of fire as case notes close to source of ignition Risk of Fire Service or HSE closing access department Very High risk of upper limb injury Risk of notes falling from height causing injury (some case notes are in excess 8.3kg) Risk of Fire Service or HSE closing access to department 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.	(The case notes are very tightly packed on shelves. Mobile racking is falling 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. Significant force is required to retrieve each file (123.N - this is 3 times higher than what is considered to be high force).) Broken Racking at Bridgend Offsite Stores - Repairs have been carried out with damaged racking in Bridgend North Rd Offsite stores. Temporary use of container deployed on site. 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. The Filing Library is closed to non-Medical Records staff, aside from the Porters who require access for emergency OOH admissions. 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.	Relocation of Case Notes from POW/Bridgend Off-site Store to Glanrhyd Site. Timeframe 19.8.2022 Replace racking and review office environment of POW filing Library. Timeframe 30.01.2023 Creating additional long term storage space. Update 31.10.2022 - Approx. 30,000 records have already been redistributed across POW, North Road Offsite Store and Glanrhyd Library, to improve conditions at POW. Work is still ongoing at POW to redistribute records safely. Original broken rack mostly vacated but other racks holding notes have similar issues. Glanrhyd partly vacated by SBUHB but not fully available for use yet. The Medical Records Department plan to relocate 10 Registration Medical Records staff to the Library Offices in this space. Proposal put forward by an Operational Services Manager to relocate additional 17 Appointment Booking Centre staff into these same offices and also the Library area. This Library space is already identified for boxed records, compromising room for future growth and safer storage; this will affect the ongoing position at POW and North Road. Risk to be reviewed in 6/52, when SBUHB should have fully vacated and a decision made as to who/what will occupy remaining space at Glanrhyd Library.	Digital & Data Committee & Quality & Safety Committee	20	C5xL4	10 (C5xL2)	↔	27.10.2021	31.10.2022	12.12.2022
Redacted to removed risk 4664 from pubic domain as business sensitive																	
4337	Executive Lead: Director for Digital.	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Business Objectives Environmental / Estates Impact Projects	Integrated IT Systems	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 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	Key Controls 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 Gaps in Control 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. SBUHB have no process in place to incorporate the needs of Bridgend users in their developments. There is insufficient discretionary capital funding available to support delivery of the aggregation plan There is no data item integration with GP systems Numerous delays in NHS Wales progressing open architectural approach Strategic approach to becoming an anchor organisation to encourage SMEs not developed, resulting in challenges in proceeding with small agile developments Discipline of organisation in keeping to the supported application platforms is being challenged - in particular staff are keen to exploit the opportunities presented by the MS365 platform however there are no resources available to support, train or integrate this platform within the EPR architecture	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. UPDATE 28/10 ICT Risk meeting: Regarding the Bridgend/CT aggregation: Programme as set out in IMTP progressing to plan with posts funded by WG being recruited to. Tactical approach to data sharing with primary care yet to be agreed, and funded, noting NDR programme has recently offered a non recurrent financial contribution. All Wales API for 5 data systems expected January 2023 as first step in truly opening up the architecture. UHB has approached DHCW to make a joint appointment to develop and maintain APIs to the Myrddin PAS, which will support the clinical services in managing patient flows within the UHB. Although funding for staff has been allocated, the market for skills of this nature is sparse and this provides challenges in recruiting and retaining staff.	Digital & Data Committee	16	C4 x L4	8 (C4xL2)	↔	14.10.2020	22.10.2022	01.12.2022
Redacted to removed risk 4671 from pubic domain as business sensitive																	

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4672	Executive Lead: Director for Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Business Objectives Environmental / Estates Impact Projects	Access to a complete, integrated, and coded medical record.	<p>IF: 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>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.</p> <p>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</p> <p>Gaps in controls Digital transcription programme unsupported & unsupported from march 23</p>	<p>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</p> <ul style="list-style-type: none"> - 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 <p>Update October 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</p> <ul style="list-style-type: none"> - Development of a Health Board coding strategy for the development of the profession developed and being taken forward, which underpins the coding transformation plan - Natural Language Programming (NLP) and data linkage being used to autocode targeted spells, improving levels of coding completion, based on Snomed-CT identified as increasingly successful and cost effective - Adoption of data level standards based architecture, - Opportunity for bi-directional real time integration between primary and secondary care available but requires tactical decision by UHB Board - National Data Resource (NDR), Clinical Data Repository (CDR) and integration programme <p>UPDATE 28/10 ICT Risk meeting - no further update</p>	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	22.10.2022	01.12.2022
5040	Executive Lead: Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Business Objectives Projects	Digital Healthcare Wales (DHCW interdependencies)	<p>IF: The Health Board can not integrate new applications into its digital architecture in a timely fashion</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 and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered</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:</p> <ol style="list-style-type: none"> 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 	<p>A Myrddin strategic programme group has been established, chaired by the CEO of DHCW to map out how the constraints can be overcome</p> <p>SLAs are in place between DHCW and NHS Wales organisations, however their fulfilment has been exposed by demand pushing the waiting times for developments to start (not complete) to over 12 months</p> <p>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 CanISCS) 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. Data acquisition from DHCW products is a curates egg, some new APIs are being made available to standards, however latest PAS offering is via csv download, presenting challenges to adoption of standards within certain areas. UHB still awaiting availability of access to key HB data such as radiology and tests results.</p>	<p>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. CTMUH appointment process has commenced. WG funding for £7m awarded to support PAS integration 24/8/22</p> <p>UPDATE 28/10 ICT Risk meeting - no further update</p> <p>October 22 - National Data Resource Programme has accelerated plan to open up the architecture, with API management procured for all of Wales & implementation date set for Jan 23 - will be limited in nature.</p> <p>National Funding received from WG for PAS integration work to create a second team supporting data migration. CTMUH & DHCW appointment process has commenced. Included within this is a post for PAS integration developer.</p>	Digital & Data Committee	15	C3xL5	9 C3xL3	↔	07.02.2022	22.10.2022	02.12.2022
4699	Executive Lead: Director of Digital	Central Support Function - Digital & Data (Information Governance)	Chief Information Officer	Creating Health	Patient / Staff /Public Safety	Failure to deliver a robust and sustainable Information Governance Function	<p>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</p> <p>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.</p> <p>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.</p>	<p>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 NIIAS) 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</p> <p>Gaps in Controls: 1. Shortfall in trained IG professionals 2. Inability to legally stipulated timescales for Freedom of Information and Subject Access Requests</p>	<p>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)</p> <p>Benchmarking with other organisations in Wales undertaken. (SB have 9wte, CTM 2.5wte funded, 1.5 wte now -> 0.5wte by end of Sept.)</p> <p>Procedures and requirement to initiate all programmes being enhanced to meet legal requirement of privacy by design</p> <p>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.</p> <p>UPDATE 28/10 ICT Risk meeting - No further update</p> <p>October 22 - Actioning of Cyber and Data Protection Improvement Plans decelerated due to staffing. - Timeframe: Quarterly updates Response to ICO audit recommendations being managed on a prioritised and smart basis (aligned to other improvement areas)</p> <p>Benchmarking with other organisations in Wales undertaken.</p> <p>Procedures and requirement to initiate all programmes being enhanced to meet legal requirement of privacy by design</p> <p>Re-allocation of 1 coding staff to IG function and appointment of agency head of IG for 3 month period made, to sure up IG function. Recruitment process underway for Head of IG. IG Officer post currently delayed via the recruitment process.</p>	Digital & Data Committee	15	C3xL5	12 C3xL4	↔	18.06.2021	22.10.2022	02.12.2022