Ref	Risk Title	Risk Description	Target Controls in place	Policies/Procedures/Protocols (inc expiry date)	Gaps in controls	StrategicAction Plan	Assuring Committees	Impact	Likelihood	Rating (current)	Significant Operational Risks - 1	Action Plan -1	Significant Operational Risks - 2	Action Plan -2
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 (& tools 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 NIJAS) 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 **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), DPIA 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), 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 &/or we do not always have the resources to use the software we have effectively - Software and Servers out of support - no security patches available or servers just not being patched - Weaknesses in firewalls - Lack of skills and resources & insufficient investment into cyber improvement plan - Lack of awareness of cyber threats at all levels of the organisation - Electronic data backup policy (9/20), Photography and Video recordings of patients policy (3/18), - 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 economical as opposed to technical or legislative - GDPR/Brexit: UK adequacy of personal data protection considered not robust Physical security measures not fully implemented -Curation (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	- 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.	Cyber and Data Protection Improvement Plans being taken forward. - Timeframe: Quarterly updates 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 Infrastructural architectural changes being put in place. Timeframe - Quarterly updates Network Monitoring pilot being initiated as initial stage of improving management of end points (devices on the network) **Update November 2022** - Risk realised as an Issue in August 2022 as the GP Out of hours software provider was subject to Ransomware - Adastra system still not fully restored	**Lack of a resilient and performant Digital Network Infrastructure and Assets RR= 15 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. **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. Mistrust by staff of the ICT systems and services they are using	**Update November 2022** Main core switches replaced at PCH and new data centre has been handed over. Log of major incidents discussed at weekly Senior Management Team with process for learning and improvement established. Revised procedures introduced for approval of critical level developments following further outage at PCH attributed to tiredness amongst network team. Proposal to address critical deficiencies in the UHB network which have arisen due to severe shortage of network staff is underway. Device replacement programme prioritised towards ED departments BT remain on track to complete 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 WSMI (which enables upgrading of wifi phones) in place .
IntDig2	**Effective governance, leadership and accountability**	**IF:** The Health Board does not have vision for digital services & clear strategy/programme of staff 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 ~~or~~ technical leaders who have the requisite skills and resources and are enabled to act **Then:** Improving the quality and effectiveness of 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 (presently under development) 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, with board level directors post Clear governance structure: Digital and Data Committee (board sub committee - assurance), Digital Delivery Board (Management) , Project profolio board (programme initiation) Appropriate programme management (constituted and resourced - with SROs etc) Appropriate comms, engagement, implementation and support teams across system groups and ILGs (requires development) Policy Control Schedule ICO and Datix reporting Service KPIs, Financial and Procurement reporting, Benefits Monitoring Professional / competency register (Not in place) Robust SLAs with Swansea Bay, WHSSP & 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, DSSMB) National Programme Management Committees [illegible]	Standing Financial Instruments (6/21), Scheme of Delegation (4/22), IG policy (3/23), Business continuity policy (6/19), 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 need and service change 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 functions - 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 mandatory - Lack of awareness of cyber threats at all levels - Internal NHS Wales approach built on trust, (e.g. limited governance arrangements over SB, WHSSP, 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 organisational 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 - Updated Change request and SON procedures - 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 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.	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) Benchmarking with other organisations in Wales undertaken. Procedures and requirement to initiate all programmes being enhanced to meet legal requirement of privacy by design 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 but band 6 position being held back via recruitment process.	**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 Then: The Health Board's ability to deliver its strategy and the quadruple aim in the medium and longer terms will be reduced. Resulting in: A decline in our population's relative health and wellbeing status and increasing inequity	Virtual training libraries. Cyber awareness and IG mandatory training. Establishment of a small number of clinical informatic posts.
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), DPIA 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 unamanageable, overwhelming our stadd and resulting in vital informaiton being lost or missed. Obtaining Information Efficiently/Effectively Much of medical record still paper based or using process which do not optimise effective ways of working enabled 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, WHSSP, 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), CCTV policy (6/20), DPIA procedure (3/20), Electronic data backup policy (9/20), 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),	**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 2025THEN: 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.	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	**Access to a complete, integrated, and coded medical record. RR = 15 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.	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 - 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 succesful 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
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 DPIA 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), CCTV policy (6/20), DPIA 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)	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. National Funding received from WG for PAS integration work to create a second team supporting data migration. CTM/HB & DHCWappointment process has commenced. Included within this is a post for PAS integration developer.		
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 NIJAS) 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 - Data sharing arrangements with Local Authorities, GPs and other direct care providers - DPIA 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), DPIA 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), In service testing of electrical equipment procedure	**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, optoms) - 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 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	**Update November 2022 -** 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 Myndon PAS, which will support the clinical services in managin patient flows within the UHB,		