



**AGENDA ITEM**

5.2

**CTM BOARD**

**ORGANISATIONAL RISK REGISTER**

**Date of meeting**

27.01.2022

**FOI Status**

Open

**If closed please indicate reason**

Not applicable – Public Meeting

**Prepared by**

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**Presented by**

Georgina Galletly, Director of Corporate Governance

**Approving Executive Sponsor**

Director of Corporate Governance

**Report purpose**

FOR REVIEW & APPROVAL

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

Service, Function and Executive Formal Review

October 2021/November 2021

RISKS REVIEWED

Strategic Leadership Group (Formerly referred to as Management Board)

17/11/2021

RISKS REVIEWED AND SIGN OFF RECEIVED

Audit & Risk Committee

7/12/2021

RISKS REVIEWED

Planning, Performance & Finance Committee

21/12/2021

ASSIGNED RISKS REVIEWED

Quality & Safety Committee

18/1/2022

ASSIGNED RISKS REVIEWED

**ACRONYMS**

ILG's

Integrated Locality Groups

## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is for the Board to review and discuss the organisational risk register and consider whether the risks escalated to the Organisational Risk Register have been appropriately assessed and highlight the management actions being taken to manage or mitigate these high level risks.
- 1.2 The report should be considered in the context that risks within the organisation continue to be reviewed to ensure a consistency of approach to the quantification of risk across the Health Board.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.2 The following progress has been made since the last report:
- The ILGs are continuing to work to both rationalise and standardise the risks across the localities, the initial cleansing of risks was completed by the end of October 2021 with presentations from each locality to the Board Development Session on the 21<sup>st</sup> October.
  - Monthly Risk Management Awareness Sessions (Virtually via Teams) were implemented from January 2021 with increasing engagement and attendance growing month on month. The monthly sessions are set in the calendar until the end of 2021 and will continue beyond that date if required. 280 members of staff trained from January to to date.
  - A targeted risk training session was held with Rhondda Taf Ely Locality Clinical Leads on the 3<sup>rd</sup> November 2021.
  - Risks on the organisational risk register have been updated as indicated in red.

## 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

### 3.1 NEW RISKS

#### Welsh Language

- Datix ID 4888 - Insufficient resource in the Welsh Language Team. Risk graded 15.

#### Infection, Prevention and Control

- Datix ID 4893 - ICNet - integrated national system for infection surveillance and patient management. Risk graded as a 20.

#### Putting Things Right / Legal Claims

- Datix ID 4906 – Failure to provide evidence of learning from events (Incidents and Complaints). Risk graded as a 16.
- Datix ID 4907 - Failure to manage Redress cases efficiently and effectively. Risk graded as a 16.
- Datix ID 4908 – Failure to manage Legal cases efficiently and

effectively. Risk graded as a 16.

### **Rhondda Taf Ely Locality Group**

- Datix ID 4873 – The implementation of the Trak 2016 LIMS within Blood Transfusion. Risk graded as a 16.

## **3.2 CHANGES TO RISKS**

### **a) Risks where the risk rating INCREASED during the period**

Nil.

### **b) Risks where the risk rating DECREASED during the period**

#### **Merthyr & Cynon Locality Group**

- Datix ID – 4784 – Consultant presence on the neonatal unit. Risk rating reduced from a 16 to a 12.

#### **Primary Care**

- Datix ID – 4747 – Failure to provide Overnight DN within Merthyr & Cynon and Rhondda & Taf Ely Areas. Risk rating reduced from a 16 to a 12.
- Datix ID 4606 - Resumption of Orthodontic Services. Risk rating reduced from a 15 to a 12.

#### **Health, Safety & Fire**

- Datix ID 4360 - Changing the use of rooms/departments without input/advice from the relevant fire advisor. Risk rating reduced from a 16 to a 12.

#### **Welsh Language**

- Datix ID 4110 - Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the CTMUHB. Risk rating reduced from a 15 to a 12.

#### **Infection, Prevention and Control**

- Datix ID 4218 - Reduced on site Consultant Microbiologist cover for the Bridgend ILG. Risk rating reduced from a 15 to a 9.

Rationale for de-escalation captured in Appendix 1.

## **3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER**

### **Putting Things Right / Legal Claims**

- Datix ID 4156 - Patients and/or relatives/carers do not receive timely responses to matters raised under Putting Things Right resulting in learning and improvement being delayed. Risk closed as superseded by a new risk Datix ID: 4905 - Failure to implement



Welsh Risk Pool (WRP) and Internal Audit (IA) Review recommendations, risk rated as a 12.

Rationale for de-escalation captured in Appendix 1.

### 3.4 UPDATES TO NOTE

- Following a verbal update received at the Strategic Leadership Group on the 17<sup>th</sup> November, Datix Risk ID 4629, Failure to achieve or reduce the planned recurrent deficit of £33.9m at the end of 2021/22, was updated to reflect the month 7 position.
- Datix Risk ID 4071 – **'Failure to sustain services as currently configured to meet cancer targets'** is currently being reviewed to ensure that the current scoring, control measures and mitigating actions accurately reflect the multiple factors and challenges impacting cancer services in the Health Board.
- Datix Risk ID 3798 – **DBS compliance and level of assurance** currently rated as a 12, is currently being reviewed to ensure that the current scoring, control measures and mitigating actions accurately reflect current challenges in relation to this activity.

### 3.5 Organisational Risk Register - Visual Heat Map by Datix Risk ID (Risks rated 15 and above):

Consequence	5			4253 3337 4768 4772	4080 3826 4664 4789			
	4				4149 3742 4106 4157 4458 4148 4337 2987 4294 3008 4500 816 4706 4282 4743 4677 4798 4906 4907 4908	4152 4478 4217 4476 4116 3585 4684 4686 4685 3654 3133 3656 4699 1133 4752 4676 4679 4776 4356 4873	4491 4629 4477 4632 3562 4071 4688 4203 4721 4722 4103 4841 4479	
	3						3899 3638 3072 3698 3161 4691 4800 4888	4672 4671 4512 4693 4590 4691 4652



	2					
	1					
CxL	1	2	3	4	Likelihood	

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Aim to mitigate risks to patients and staff
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	All Health and Care Standards are included
<b>Equality impact assessment completed</b>	No (Include further detail below)
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care.

#### 5. RECOMMENDATION

5.1 The Committee are asked to:

- **REVIEW** the detailed Organisational Risk Register at Appendix 1.
- **APPROVE** the recommendations in relation to New Risks, Updated Risks and Closed risks in section 3.1.