



AGENDA ITEM

5.1

AUDIT & RISK COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting

24th October 2022

FOI Status

Open

If closed please indicate reason

Not Applicable

Prepared by

Cally Hamblyn, Assistant Director of Governance & Risk

Presented by

Georgina Galletly, Director of Corporate Governance

Approving Executive Sponsor

Director of Corporate Governance

Report purpose

FOR REVIEW

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

Committee/Group/Individuals

Date

Outcome

Service, Function and Executive Formal Review

August 2022

RISKS REVIEWED

Executive Leadership Group

12th September 2022

RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED

Quality & Safety Committee (Assigned risks only)

20th September 2022

RISKS REVIEWED

Digital & Data Committee (Assigned risks only)

28th September 2022

RISKS REVIEWED

ACRONYMS

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is for the Audit & Risk Committee to review and discuss the organisational risk register and consider whether the risks escalated to the Organisational Risk Register are in accordance with the Risk Management Strategy.

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

- 2.1 The risk updates for this period has been impacted by the implementation of the new Care Group Model. The Executive Leadership Group supported "Guiding Principles: Quality Governance & Accountability during the Operating Model Transition" where the following transitional arrangements have been agreed:

- **Organisational Risk Register:** Workshop approach to realign risks on the Organisational Risk Register led by Nurse Directors. Timeframe: Workshop Sept/Oct 22. Realignment to complete by 31.1.2023.
- Central Quality Governance Team to provide a report to Care Groups which will contain all **Datix Legacy Information** for Risk, Incidents, Claims, Complaints etc. The Nurse Directors to then undertake an exercise to align activity/data to Care Group Model – Timeframe for alignment 31.1.2023.

The Assistant Director of Governance & Risk will engage and support this activity as required. Board and Committee Members are therefore asked to afford some flexibility in the review dates of risk whilst this transition is underway.

- 2.2 The following progress has been made since the last report:
- Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2022 and will continue beyond that date if required. 327 members of staff trained to date.
 - 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

Medical

- Datix ID 5214 – Critical Care Medical Cover. Risk Rated as a 20.

Strategy and Transformation

- Datix ID 5207 – Care Home Capacity. Risk Rated as a 15.



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

Information Governance

- Datix ID 4699 – Failure to deliver a robust and sustainable Information Governance Function. Risk decreased from a 20 to a 15.

Therapies and Health Sciences

- Datix ID 4975 - Safe and appropriate repatriation of patients following vascular surgery and participation in the regional MDT. Risk decreased from a 15 to a 12 and has been de-escalated from the organisational risk register.

Facilities

- Datix ID 4282 - Risks associated with the transfer to the new Planet FM System. Risk decreased from a 16 to a 12 and has been de-escalated from the organisational risk register.

Primary Care

- Datix ID 3267 - Out of Hours - Contingency Plan for Business Continuity Communications Hub Ty Elai. Risk decreased from a 16 to a 12 and has been de-escalated from the organisational risk register.

Infection Prevention and Control

- Datix ID 4217 - No IPC resource for primary care. Risk decreased from a 20 to a 15.

Pathology Services – RTE

- Datix ID 5109 - Poor air-conditioning & increased environmental temperatures in Pathology labs. Risk decreased from a 16 to an 8.

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

Medicines Management / Pharmacy

- Datix ID 4753 - Maternity: Lack of pharmacy clinical service, medicines governance and medicines safety. Risk now closed.

Information Governance

- Datix ID 4339 - Failure to complete a timely and robust Data Protection Impact Assessment (DPIA). Risk now closed.

Welsh Language

- Datix ID 4888 - Insufficient resource in the Welsh Language Team. Risk now closed.

Therapies and Health Sciences

- Datix ID 4652 - Therapies provision to increased numbers of stroke patients in Prince Charles Hospital (PCH), Princess of Wales (POW), Ysbyty Cwm Rhondda (YCR) and community/out patients. This risk has been recommended for removal from the Organisational Risk Register (but will remain on the therapies risk register) as it will be combined into a single stroke risk (Datix ID 4632).
- Datix ID 4833 - There is a risk to the delivery of high quality physiotherapy and rehabilitation to in-patients on all sites across the Health Board. Risk Closed.

Rhondda Taf Ely and Merthyr Cynon Locality - Surgical Backlog

- Datix ID 4203 - Meeting demand to address the surgical backlog following COVID-19 and managing recurrent demand. This risk has been recommended for removal from the ORR (but will remain on the service risk register) as it is captured in the overarched planned care recovery risk 4491. COO Reviewed 7.9.2022.

Rhondda Taf Ely Locality

- Datix ID 816 - Follow up capacity and clinic cancellations (FUNB). This risk has been recommended for removal from the ORR (but will remain on the service risk register) as it is captured in the overarched planned care recovery risk 4491. COO Reviewed 7.9.2022.

Merthyr & Cynon Locality

- Datix ID 3654 - Gynaecology Cancer Service. This risk has been recommended for removal from the ORR (but will remain on the service risk register) as it is captured in the overarched Datix Risk ID 4071 - Failure to sustain services as currently configured to meet cancer targets.

Bridgend Locality

- Datix ID 5080 - Therapy Input for Stroke patients. This risk has been recommended for removal (however will remain on the therapies risk register) as it will be combined into a single stroke risk on the organisational RR, led by the COO and Executive Director of Therapies and Health Sciences., This risk is now captured within the single risk, ID 4632.

Further rationale for closure and/or removal from the Risk Register is captured in Appendix 1.



3.4 DISCUSSION POINTS

Stroke Service

There has been a significant review of the Stroke Services risk this period (Datix ID 4632), which has resulted in linked/related stroke risks being closed or de-escalated as they have been amalgamated into this overarching risk. This risk will be monitored and updated via the Stroke Recovery Group.

Emerging Risks

The Assistant Director of Governance & Risk has been made aware of the following emerging risks in the service that are likely to be escalated to a future Organisational Risk Register return:

- Permanency of service critical staff to support the Covid-19 Vaccination Programme
- The Executive Medical Director is exploring the escalation of a risk relating to Clinical Policies.
- LINC Risks
- Unsupported server operating systems
- Safe transition from paper to digital record

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

Consequence	5			4253 3337 4768 4772 2987 3993	4080 3826 4664 4887 5214			
	4				4149 4106 4157 4458 4148 4337 3008 4743 4798 4906 4908 4780 4809 5014	4152 3585 3133 2787 1133 4752 4679 4922 4479 4940 4315 4417 4722 4922 4753	4491 4632 4071 4721 4103 4841 4356 4827 5153 5154 5036 4907	
	3						3638 4691 4732 4920 5207 4971 4699	4672 4671 4512 4590 4691 2808 5040 4217
	2							
	1							
	CxL	1	2	3	4		5	
Likelihood								



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	<p>The purpose of the Organisational Risk Register and risk approach within the Health Board is to:</p> <ul style="list-style-type: none"> • minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management; • ensure that risk management is an integral part of CTMUHB's culture; • maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed effectively;
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Management of risk is integral to all Health and Care Standards.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required in terms of the Organisational Risk Register.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.