

AGENDA ITEM

4.3

DIGITAL AND DATA COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	11/03/2021

FOI Status	OPEN
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If closed please indicate	Not Applicable – Public Meeting
reason	Thou Applicable Tublic Meeting

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 & APPROVAL

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

Committee/Group/Individuals	Date	Outcome
Service, Function and Executive	December 2020	RISKS REVIEWED
Review Management Board		RISKS REVIEWED
Health Board	28 th January 2021	RISKS APPROVED

ACRO	ACRONYMS	
ILG's	Integrated Locality Groups	
IMTP	Integrated Medium Term Plan	



1. SITUATION/BACKGROUND

1.1 The purpose of this report is to present the high level organisational risks included on the Organisational Risk Register which have been assigned to the Committee, and highlight the management actions being taken to manage or mitigate these high level risks.

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

- 2.1 **Gold Command Covid-19 Risks -** As Gold Command was reestablished in September 2020 in response to a rise in infection rates in the CTM communities, a COVID-19 Gold Command Risk Log has been developed and monitored weekly based on the risks to delivery of the CTMUHB COVID-19 Strategic Aims: 1) Prevent deaths from COVID-19 (2) Protect the health and people in CTM communities (3) Protect the health and wellbeing of staff in our public service. This risk log is being held separately to the Organisational Risk Register due to the evolving position. The Covid-19 Risk log is updated weekly following Gold meetings and shared with Board Members through the Admincontrol portal. As with the previously established Covid-19 Risk Log, when Gold Command is stood down, any relevant legacy risks will be transferred to the Organisational Risk Register as appropriate.
- 2.2 The Covid-19 Gold Risk Log includes a Datix ID which cross-references to risks that have remained on the Organisational Risk Register since their transfer in July 2020 from the previous Gold Command Risk Log. Integrated Locality Groups have considered the risks on the current Covid-19 Gold Command Risk Log and have only escalated risks specific to their localities to avoid duplication.
- 2.3 Further progress has been made since the last report to include:
 - A comprehensive review of the CTMUHB Risk Management Strategy, Risk Management Policy and Risk Assessment Procedure which were approved by the Health Board on the 28th January 2021.
 - A peer review of Estates Risks in accordance with the Risk Management Strategy.
 - During December 2020, risk leads were asked to undertake a review of all risks to ensure action plans are reviewed particularly where trends have remained stagnant. It is important to note that some risks have been updated (indicated in red in Appendix 1), however, this task has been impacted by the Covid-19 resurgence as staff were of course prioritising the clinical/operational focus needed at this time.
 - The heat map in previous reports was not presented in its clearest form and therefore this has been updated in this report to include existing and new risks.
 - A review of the assignment of risks to Board Committees has been reviewed and proposed changes indicating in red in Appendix 1.



2.4 An Internal Audit on Risk Management was undertaken in November/December 2020. The final report presented to the Audit & Risk Committee in February 2021 concluded an assessment of Reasonable Assurance.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **NEW RISKS**

No new risks escalated that fall within the assignment to the Digital & Data Committee.

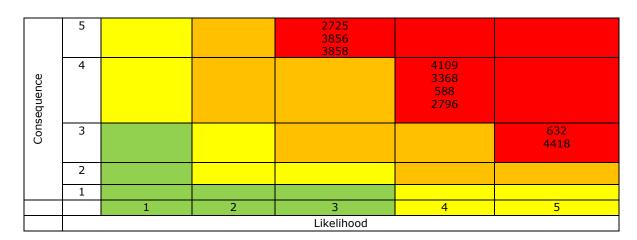
3.2 CHANGES TO RISK RATING

- a) Risks where the risk rating INCREASED during the period No risks were increased in terms of the risk rating.
- **b)** Risks where the risk rating DECREASED during the period No risks were decreased in terms of the risk rating.

3.3 **CLOSED RISKS**

No risks were closed.

3.4 Organisational Risk Register - Visual Heat Map by Datix Risk ID:





4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Aim to mitigate risks to patients and staff
Related Health and Care standard(s)	Governance, Leadership and Accountability
	All Health and Care Standards are included
Equality impact assessment completed	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications /	There is no direct impact on resources as a result of the activity outlined in this report.
Impact	
Link to Main Strategic Objective	To provide strong governance and assurance
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

5. RECOMMENDATION

5.1 The Committee are asked to:

- **REVIEW** the Digital & Data 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.