

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

AGENDA ITEM

3.3

# PEOPLE & CULTURE COMMITTEE

## **ORGANISATIONAL RISK REGISTER**

Date of meeting	14/07/2021
FOI Status	PUBLIC
If closed please indicate reason	Not applicable – Public 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
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

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Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	June 2021	RISKS REVIEWED
Management Board	16/06/2021	RISKS REVIEWED AND MANAGEMENT BOARD SIGN OFF RECEIVED

ACRO	ACRONYMS			
CSGs	Clinical Service Groups			
ILG's	Integrated Locality Groups			



#### 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.
- 1.2 The report should be considered in the context that risks within the organisation are still undergoing a robust review and therefore the organisational risk register remains a work in progress and activity continues 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 Clinical Service Group risk registers, the pace of this activity has been impacted by the operational pressures in response to Covid-19, however, activity has resumed with the target of October 2021 for all risks held on the Datix system to have been reviewed.
  - The monthly risk management awareness sessions held virtually via Teams are being well received, 34 colleagues joined the session on the 13<sup>th</sup> May 2021 and a large number already booked on the forthcoming sessions in June and July 2021.
  - The Risk Management Improvement Plan has been further progressed.
  - Risks on the organisational risk register have been updated as indicated in red.
  - A schedule outlining the risk review dates has been shared with Business Managers and ILG Heads of Quality & Safety to aid the timely review of risks reviewed monthly by the Management Board for escalation/de-escalation for the Organisational Risk Register. This has been mapped to align with the request to report to Committee meetings prior to Board.
  - Risk Management Milestones updated to align with the Targeted Intervention programme Appendix 2.

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

#### 3.1 **NEW RISKS**

Nil this period.

### 3.2 CHANGES TO RISK RATING

a) Risks where the risk rating INCREASED during the period Nil this period.



**b) Risks where the risk rating DECREASED during the period** Nil this period.

#### 3.3 CLOSED RISKS

Nil this period.

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

Consequence	5				4080	
	4				4106 4157 3682 4500	
Conse	3					3899 3638 4110 3685
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

### 4. IMPACT ASSESSMENT

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

### 5. RECOMMENDATION

- 5.1 The Committee are asked to:
  - **Review** the People & Culture Committee 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.