



AGENDA ITEM

3.3

PEOPLE & CULTURE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	26/04/2021
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FOI Status	Open
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If closed please indicate reason	Not Applicable Public Meeting
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Prepared by	Cally Hamblyn, Assistant Director of Governance & Risk
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Presented by	Georgina Galletly, Director of Corporate Governance
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Approving Executive Sponsor	Director of Corporate Governance
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Report purpose	FOR REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Review	February / March 2021	RISKS AMENDED
Management Board	March 2021	REVIEWED AND ENDORSED
Health Board	March 2021	REVIEWED AND APPROVED

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



1. SITUATION/BACKGROUND

- 1.2 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.
- 1.3 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 in order to ensure a consistency of approach to the quantification of risk across the Health Board.

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

- 2.1 **Gold Command – Covid-19 Risks** – The Gold Command risk log was being held separately to the Organisational Risk Register due to the evolving position. As Gold Command has recently been stood down, the Covid-19 risk log is being reviewed with relevant legacy risks being transferred to the Organisational Risk Register as appropriate. A further update on this will be provided to the May 2021 Board meeting.
- 2.3 Further progress has been made in developing the organisational risk register and underpinning the risk management process since the last report received by the Board in January 2021. Improvements include;
- The CTMUHB Risk Management Strategy, Risk Management Policy and Risk Assessment Procedure were approved in January 2021.
 - The internal website in relation to risk management has been updated to support the revised documents and includes the supporting information to assist staff in undertaking risk management activity and risk assessments.
 - The Organisational Risk Register format has been revised;
 - Risks mapped to the Strategic Objectives and revised Risk Domains.
 - Consequence and likelihood assessment now included to support cross-referencing with the heat map.
 - 'Last Reviewed' and 'Next Review' dates added.
 - During February 2021, Risk Managers have undertaken a robust review of all risks to ensure mitigation and action plans are fit for purpose, particularly where there has been little or no improvement in reducing the risk for some time. It is important to note that where risks have been updated, they are indicated in **red** in Appendix 1. This action will continue as part of the regular review of the risk register for ease of reference.
 - A review of Medical Education risks have been considered in conjunction with the routine issues log received by Health Education and Improvement Wales and no risks required escalation to the Organisational Risk Register at this stage.

- The ILG work to both rationalise and standardise the Clinical Service Group (CSG) risk registers has been impacted by the operational pressures caused by the COVID-19 pandemic. The ILG Heads of Quality and Safety will resume this work with CSGs.
- The Risk Management Improvement Plan has progressed.
- A Board Development Session will be held later in the year to further develop the grading of principal risks and review the Health Board’s risk appetite tolerance levels. It is considered that the Organisational Risk Register, in its revised format, requires time to mature and embed before the Health Board shifts to reporting in a strategic risk approach in the form of a Board Assurance Report, hence delaying the session originally planned for April 2021. This is reflected in the Risk Management Improvement Plan at Appendix 2.

2.4 The Internal Audit review on Risk Management was finalised and reported on at the February 2021 Audit & Risk Committee, noting ‘Reasonable Assurance’.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

There were no new risks escalated under the assignment of the People & Culture Committee this period.

3.2 CHANGES TO RISK RATING

There were no changes to risks ratings for risks under the assignment of the People & Culture Committee this period.

3.3 CLOSED RISKS

There were no risks closed under the assignment of the People & Culture Committee this period.

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

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



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 / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Committee is asked to:

- **REVIEW** – the Organisational Risk Register and the assessment and management of individual risks.