

AGENDA ITEM

3.1.1

PEOPLE & CULTURE COMMITTEE
ORGANISATIONAL RISK REGISTER

Date of meeting	11 th May 2022
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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
Presented by	Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business
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)		
Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	February/March 2022	RISKS REVIEWED
Strategic Leadership Group	16 th March 2022	MANAGEMENT SIGN OFF RECEIVED
Health Board Meeting	31 st March 2022	RISKS REVIEWED AND APPROVED
Audit & Risk Committee	28 th April 2022	RISKS REVIEWED

ACRONYMS

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is for the People & Culture Committee to review and discuss the organisational risk register and consider

whether the risks escalated to the Organisational Risk Register have been appropriately assessed.

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

2.2 The following progress has been made since the last report:

- 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 2022 and will continue beyond that date if required. 326 members of staff trained from January 2021 to date.
- Targeted training session undertaken with District/Community Nursing Team and the Patient, Care and Safety Function.
- Risks on the organisational risk register have been updated as indicated in red.
- The entries on the Organisational Risk Register have been aligned to the new Strategic Goals.
- The revised Board Assurance Framework, Risk Appetite Statement and Risk Domain Matrix was received at the Board Development Session on the 23rd February 2022 and approved by the Board on the 31st March 2022.

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

3.1 **NEW RISKS**

Nil as assigned to the People & Culture Committee.

3.2 **CHANGES TO RISKS**

a) Risks where the risk rating INCREASED during the period

Nil as assigned to the People & Culture Committee.

b) Risks where the risk rating DECREASED during the period

Nil as assigned to the People & Culture Committee.

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

Patient Care & Safety

- Datix ID 3899 - Clinical staff resuscitation training compliance. Risk closed as superseded by new risk Datix ID 5031.

The rationale for closure is captured in Appendix 1.

3.4 DISCUSSION POINTS

- Locality Group Return – RTE and Bridgend:
 - The Rhondda Taf Ely (RTE) ILG Director Triumvirate returned the March update on risks to their Clinical Service Group leads to provide a more robust update on risk mitigation and therefore no updates were received for the Organisational Risk Register on RTE risks on this occasion whilst this is undertaken. The return will therefore be captured in the next iteration of the Organisational Risk Register in May 2022.
 - Due to staff absence a risk update return was not received from Bridgend ILG on this occasion although risks 4149 and 4253 have been updated following a formal request by the Board at the January 2022 meeting.

It should be noted that this risk submission coincided with extreme operational flow pressures and the Welsh Government 'reset' period meaning CSG Managers were unable to dedicate additional time to make the necessary improvements.

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

Consequence	5				4080	
	4				4106 4157 4500	1133 4679
	3					3638 4888
	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)	There is no direct impact on resources as a



£/Workforce) implications / Impact	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 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.