



AGENDA ITEM

4.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	21.12.2021
FOI Status	Open
If closed please indicate reason	Not a 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

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

Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	October 2021/November 2021	RISKS REVIEWED
Strategic Leadership Group (Formerly referred to as Management Board)	17/11/2021	RISKS REVIEWED AND SIGN OFF RECEIVED
Audit & Risk Committee	7.12.2021	FOR REVIEW AND APPROVAL

ACRONYMS

CSGs	Clinical Service Groups
ILG's	Integrated Locality Groups



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 have been appropriately assessed and endorse onward reporting to Board.
- 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 risks across the localities, the initial cleansing of risks was completed by the end of October 2021 with presentations from each locality to the Board Development Session on the 21st October.
 - 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 2021 and will continue beyond that date if required. 269 members of staff trained from January to November 2021.
 - A targeted risk training session was held with Rhondda Taf Ely Locality Clinical Leads on the 3rd November 2021.
 - 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

No new risks highlighted to the organisational risk register assigned to this Committee this period.

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

- Datix ID 4060 – *Failure to remain in financial balance in 2021-22 – In Year Finances*, was de-escalated in October 2021 following confirmation of Welsh Government funding position for 2021-2022 and improved financial position in Month 6. Approved for closure at

the Health Board meeting in November 2021.

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

No closed risks assigned to this Committee this period.

3.4 **UPDATES TO NOTE**

- Following a verbal update received at the Strategic Leadership Group on the 17th November, Datix Risk ID 4629, Failure to achieve or reduce the planned recurrent deficit of £33.9m at the end of 2021/22, was updated to reflect the month 7 position.

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

Consequence	5			4768 4772		
	4				4149 4458	4629
	3					
	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 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.