

**AGENDA ITEM**

4.1

**PLANNING, PERFORMANCE & FINANCE COMMITTEE**
**ORGANISATIONAL RISK REGISTER**

<b>Date of meeting</b>	25 <sup>th</sup> October 2022
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<b>FOI Status</b>	Public
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<b>If closed please indicate reason</b>	Not Applicable
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<b>Prepared by</b>	Cally Hamblyn, Assistant Director of Governance & Risk
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<b>Presented by</b>	Georgina Galletly, Director of Corporate Governance
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<b>Approving Executive Sponsor</b>	Director of Corporate Governance
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<b>Report purpose</b>	FOR REVIEW & APPROVAL
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Service, Function and Executive Formal Review	August 2022	RISKS REVIEWED
Executive Leadership Group	12 <sup>th</sup> September 2022	RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	24 <sup>th</sup> October 2022	RISKS REVIEWED

**ACRONYMS**

Nil
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**1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the risks assigned to the Committee, which have been escalated to the Organisational Risk Register, have been appropriately assessed.

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

2.1 The risk updates for this period has been impacted by the implementation of the new Care Group Model. The Executive Leadership Group supported "Guiding Principles: Quality Governance & Accountability during the Operating Model Transition" where the following transitional arrangements have been agreed:

- **Organisational Risk Register:** Workshop approach to realign risks on the Organisational Risk Register led by Nurse Directors. Timeframe: Workshop Sept/Oct 22. Realignment to complete by 31.1.2023.
- Central Quality Governance Team to provide a report to Care Groups which will contain all **Datix Legacy Information** for Risk, Incidents, Claims, Complaints etc. The Nurse Directors to then undertake an exercise to align activity/data to Care Group Model – Timeframe for alignment 31.1.2023.

The Assistant Director of Governance & Risk will engage and support this activity as required. Board and Committee Members are therefore asked to afford some flexibility in the review dates of risk whilst this transition is underway.

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

- Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2022 and will continue beyond that date if required. 327 members of staff trained to date.
- 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

#### Strategy and Transformation

- Datix ID 5207 – Care Home Capacity. Risk Rated as a 15.

### 3.2 CHANGES TO RISKS

#### a) Risks where the risk rating **INCREASED amnd/or DECREASED during the period**

Nil as assigned to this Committee.

### 3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.

### 3.4 DISCUSSION POINTS

#### Stroke Service

There has been a significant review of the Stroke Services risk this period (Datix ID 4632), which has resulted in linked/related stroke risks being closed or de-escalated as they have been amalgamated into this overarching risk. This risk will be monitored and updated via the Stroke Recovery Group.

#### Emerging Risks

The Assistant Director of Governance & Risk has been made aware of the following emerging risks in the service that are likely to be escalated to a future Organisational Risk Register return:

- Permanency of service critical staff to support the Covid-19 Vaccination Programme
- The Executive Medical Director is exploring the escalation of a risk relating to Clinical Policies.
- LINC Risks
- Unsupported server operating systems
- Safe transition from paper to digital record

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

Consequence	5			4772 5207		
	4				4149 4458	4491 4071 5153 5154
	3					
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

## 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	<p>The purpose of the Organisational Risk Register and risk approach within the Health Board is to:</p> <ul style="list-style-type: none"> <li>• minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management;</li> <li>• ensure that risk management is an integral part of CTMUHB's culture;</li> <li>• maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed</li> </ul>

	effectively;
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	Management of risk is integral to all Health and Care Standards.
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required in terms of the Organisational Risk Register.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving 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.