



AGENDA ITEM

4.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ORGANISATIONAL RISK REGISTER

| | |
|------------------------|----------------------------|
| Date of meeting | 28 th June 2022 |
|------------------------|----------------------------|

| | |
|-------------------|------|
| 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 & 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 | 18 th May 2022 | RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED |
| Health Board | 26 th May 2022 | APPROVED |
| Audit & Risk Committee | 23 rd June 2022 | REVIEWED |

ACRONYMS

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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 assigned 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. 307 members of staff trained from January 2021 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**
Nil this period.

- 3.2 **CHANGES TO RISKS**
Nil this period.

- 3.3 **CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER**
Nil this period.

3.4 DISCUSSION POINTS

Following the Health Board meeting on the 26th May 2022 minor updates identified in red in Appendix 1 have been added.

Emerging risks:

- Rhondda Taf Ely Locality are developing a cancer site specific risk around breast.
- Merthyr Cynon Locality are due to escalate risk ID 4728 Neurology Service PCH which currently has a risk rating of 20, currently in discussion with counterparts in RTE Locality to consider if this has wider Health Board implications.
- A risk in relation to Diagnostics is being considered.
- Pan Health Board Risk in relation Delayed Discharge.



- The Chief Operating Officer is exploring the escalation of a risk in relation to the backlog in children receiving screening in Bridgend schools.
- The Chief Operating Officer is exploring the escalation of a risk in relation to therapy input for stroke patients.

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

| | | | | | | |
|-------------|---|---|---|------|--------------|------|
| Consequence | 5 | | | 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.