



AGENDA ITEM

4.2

QUALITY & SAFETY COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting

18/05/2021

FOI Status

Open

If closed please indicate reason

Not Applicable Public Meeting

Prepared by

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Presented by

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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 Review	February / March 2021	RISKS AMENDED
Management Board	March 2021	REVIEWED AND ENDORSED
Health Board	25 th March 2021	REVIEWED AND APPROVED
Health, Safety & Fire Sub Committee	12 th May 2021	<i>REVIEW PENDING</i>

ACRONYMS

ICT	Information Communications Technology
ILG's	Integrated Locality Groups
IMTP	Integrated Medium Term Plan

1. SITUATION/BACKGROUND

- 1.1 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.
- 1.2 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 in order to ensure a consistency of approach to the quantification of risk across the Health Board.
- 1.3 It is acknowledged that this report is reflecting the position reported to Board at the end of March. The risk register has been reviewed during April and early May and will be received and reviewed at the Management Board meeting on the 19th March 2021. As timescales have not permitted a more timely update to this Committee meeting, Executive Leads will where required be in a position to provide a verbal update at the meeting based on having received the latest draft report.

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 and early March 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.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

There were no new risks escalated to the Organisational Risk Register that are assigned for assurance at this Committee.

3.2 CHANGES TO RISK RATING

a) Risks where the risk rating INCREASED during the period

Nil in this period.

b) Risks where the risk rating DECREASED during the period

1. Datix ID 4248 – Care of Patients with mental health need on Community Hospital sites. Risk rating decreased from a 15 to a 9 and 8 and therefore de-escalated from the Organisational Risk Register and will now be monitored locally by the Clinical Service Group within the Rhondda Taf Ely Locality.
2. Datix ID 4332 – Anticipated Impact of the Opening of the Grange University Hospital. This risk has been de-escalated from a 20 to a 12 and will now be monitored locally by the Clinical Service Group within the Merthyr & Cynon Locality.

The rationale for de-escalation for each of these risks is captured in Appendix 1.



3.3 CLOSED RISKS

1. Datix ID 4150 – Wearing FFP3 Masks for 2 Hours in a high risk area.
This risk has been closed as the target rating has been met and the control measures implemented have mitigated this risk.

The rationale for closure has been captured in Appendix 1.

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

Consequence	5			4105 4186	4080 3826 4253 4331 1793		
	4				4071 4103 3584 4235 4115 4148 3133 816 4491 4292	4116 3585 4337 4294 3958 3011 3654 4106 4156 4157 4401 4500	4458
	3						3072 3698 3685 4281
	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 Quality & Safety Committee 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.
- **NOTE** the changes to risk ratings captured in section 3.