

| AGENDA ITEM |  |
|-------------|--|
| 5.1         |  |

### **Quality & Safety Committee**

#### **ORGANISATIONAL RISK REGISTER**

| Date of meeting | 24 <sup>th</sup> January 2023 |
|-----------------|-------------------------------|
|-----------------|-------------------------------|

| FOI Status | Open |
|------------|------|
|------------|------|

| If closed please indicate | Not applicable – Public Meeting |
|---------------------------|---------------------------------|
| reason                    |                                 |

| Prepared by                 | Cally Hamblyn, Assistant Director of Governance & Risk |
|-----------------------------|--|
| Presented by                | Cally Hamblyn, Assistant Director of Governance & Risk |
| Approving Executive Sponsor | Paul Mears, Chief Executive                            |

| 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 | December<br>2022 /<br>January 2023 | RISKS REVIEWED  |
| Executive Leadership Group                    | 16 January<br>2023                 | RISKS REVIEWED AND<br>MANAGEMENT SIGN OFF<br>RECEIVED |

| ACRO | NYMS |  |  |
|------|------|--|--|
|      |      |  |  |

# 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 have been appropriately assessed.



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

- 2.1 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: Realignment to complete by 31.1.2023. Assistant Director of Governance and Risk and COO Team met with each Care Group Leadership Group to review and agree assigned risks on the Organisational Risk Register.
- 2.2 Care Group Directors have undertaken the initial alignment of risks on the Organisational Risk Register to the new Care Group model and are in the process of undertaking detailed reviews on risks assigned to their areas.
- 2.3 Service / Winter pressures along with planning to respond to the impact of Industrial Action has posed significant challenges which should be recognised in light of the ability to keep pace with the timeframes to undertake this review and update risks this period.
- 2.4 The Assistant Director of Governance & Risk and Chief Operating Officer are holding a workshop with Executive Leads in January 2023 to review the Organisational Risk Register in terms of consistency of risk scoring, robustness of narrative and review of actions being taken to mitigate risks.
- 2.5 Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2023. 359 members of staff trained to date.
- 2.6 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**

#### **Diagnostics, Therapies and Specialties Care Group**

- Datix ID 3131 Mortuary Capacity. Risk scored at a 20.
- Datix ID 2721 Capacity to deliver POCT training to Health Board Nursing Staff. Risk scored at a 16.
- Datix ID 5323 Fluoroscopy Room has become Obsolete. Risk scored at a 15.

#### 3.2 CHANGES TO RISKs

# a) Risks where the risk rating **INCREASED** during the period

#### **Patient Care & Safety**

 Datix ID 5267 - There is a risk to the delivery of quality patient care due to difficulty recruiting & retaining sufficient numbers of nurses.
 Risk score increased from a 16 to a 20.

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

# **People and Culture Directorate**

• Datix ID 4679 - Absence of a TB vaccination programme for staff. Target score reached and risk closed.

#### All Care Groups

• Datix ID 4253 – Ligature Points – Inpatient Services.

Rationale for closure and/or removal from the Risk Register is captured in Appendix 1.

#### 3.4 **DISCUSSION POINTS**

#### **Changes to Risks**

The Executive Medical Director is initiating a review of Datix Risk ID 4590 - Critical Care Pharmacist Resource and Datix Risk ID 5214 - Critical Care Medical Cover, with the view to amalgamate these two risks.

# **Emerging Risks**

As part of the review of current risks following alignment to the new Operating Model new risks and changes to risks are in development to come forward to a future iteration of the Organisational Risk Register.



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

|             | 5 |            |   | 3337<br>4772<br>5207<br>5323 | 4080<br>3826<br>4887<br>5214  | 4743   |
|-------------|---|------------|---|------------------------------|---|--|
| Consequence | 4 |            |   |                              | 4149 4152<br>4458 3585<br>4148 3133<br>4798 1133<br>4906 4479<br>4908 4940<br>5014 4722<br>2721 | 4491<br>4632<br>4071<br>4721<br>4103<br>4217<br>5036<br>4907<br>4922<br>3131<br>5254<br>5267 |
|             | 2 |            |   |                              |   | 4691 4512<br>4732 4590<br>4920 2808<br>3993 4971   |
|             | 1 |            |   |                              |   |  |
| CxL         |   | 1          | 2 | 3                            | 4   | 5  |
|             |   | Likelihood |   |                              |   |  |

#### 4. IMPACT ASSESSMENT

| T. INFACT ASSESSMENT  |  |  |
|---|--|--|
| Quality/Safety/Patient  | Yes (Please see detail below)  |  |
| Experience implications   |  |  |
| Related Health and Care   | Governance, Leadership and Accountability  |  |
| standard(s)   | If more than one Healthcare Standard applies please list below:  |  |
| Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn | No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below. |  |
| policies and services.  | Not applicable for the Risk Register item.   |  |
| 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 Goals   | 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.