



AGENDA ITEM

5.2

QUALITY & SAFETY COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	18 th January 2022
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FOI Status	Open
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If closed please indicate reason	Not a 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	October 2021	RISKS REVIEWED
Strategic Leadership Group	17.11.2021	REVIEWED AND MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	7.12.2021	RISKS REVIEWED

ACRONYMS	
	None identified.



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 since the last report to the Committee.
- 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. 275 members of staff trained from January to December 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

Infection, Prevention and Control

- Datix ID 4893 - ICNet - integrated national system for infection surveillance and patient management. Risk graded as a 20.

Putting Things Right / Legal Claims

- Datix ID 4906 – Failure to provide evidence of learning from events (Incidents and Complaints). Risk graded as a 16.
- Datix ID 4907 - Failure to manage Redress cases efficiently and effectively. Risk graded as a 16.
- Datix ID 4908 – Failure to manage Legal cases efficiently and effectively. Risk graded as a 16.

Rhondda Taf Ely Locality Group

- Datix ID 4873 – The implementation of the Trak 2016 LIMS within

Blood Transfusion. Risk graded as a 16.

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

Merthyr & Cynon Locality Group

- Datix ID – 4784 – Consultant presence on the neonatal unit. Risk rating reduced from a 16 to a 12.

Primary Care

- Datix ID – 4747 – Failure to provide Overnight DN within Merthyr & Cynon and Rhondda & Taf Ely Areas. Risk rating reduced from a 16 to a 12.
- Datix ID 4606 - Resumption of Orthodontic Services. Risk rating reduced from a 15 to a 12.

Infection, Prevention and Control

- Datix ID 4218 - Reduced on site Consultant Microbiologist cover for the Bridgend ILG. Risk rating reduced from a 15 to a 9.

Rationale for de-escalation captured in Appendix 1.

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

Putting Things Right / Legal Claims

- Datix ID 4156 - Patients and/or relatives/carers do not receive timely responses to matters raised under Putting Things Right resulting in learning and improvement being delayed. Risk closed as superseded by a new risk Datix ID: 4905 - Failure to implement Welsh Risk Pool (WRP) and Internal Audit (IA) Review recommendations, risk rated as a 12.

Rationale for de-escalation captured in Appendix 1.



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

Consequence	5			4253 3337 4768 4772		4080 3826 4789		
	4				4149 3742 4106 4157 4458 4148 4294 4500 816 4706 4743 4677 4798 4906 4907 4908	4152 4478 4217 4476 4116 3585 4684 4686 4685 3654 3133 1133 4753 4676 4679 4776 4873	4491 4477 4632 3562 4071 4688 4203 4721 4722 4103 4841 4479 4893	
	3						3072 4512 3698 4590 3161 4691 4800 4652 3993	
	2							
	1							
	CxL	1	2	3	4	Likelihood		5

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.