



Agenda Item

7.1

Quality, Safety & Experience Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	18 November 2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
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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 / November 2025	RISKS REVIEWED
Executive Leadership Group	10 November 2025	MANAGEMENT REVIEW & SIGN OFF RECEIVED
Audit, Risk & Assurance Committee	13 November 2025	RISKS REVIEWED

Acronyms / Glossary of Terms	

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

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 5 November 2025.

Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- Risk Management Approach
 - Practical Approach to Managing Risk
 - Risk Assessment and Scoring
 - Datix Risk Management Module
- 2.8 To date **804** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2. A dedicated risk session was also delivered to the Local Public Health Team Away Day on the 4 November 2025 and numbers are being confirmed.
- 2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.



- 2.10 120 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.81 out of a maximum score of 5.
- 2.11 100% of the 120 attendees providing formal feedback found that:
- The session provided the right amount of information.
 - They gained more confidence and knowledge in risk management having attended.
 - They would recommend this training to a colleague.
- 2.12 98% of the 120 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.13 Some of the recent comments from the session, received through evaluation, have been included below:
- *Personalised, well placed, easy to understand, time and opportunities to ask now, or at a later date*
 - *Informative and succinct training, really well delivered, opportunities to ask questions and talk openly.*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Planned Care – Care Group

- Datix Risk ID 6294 - Insufficient Consultant Workforce - Endoscopy / Gastroenterology. New risk escalated in October 2025 with a risk score of 16.
- Datix Risk ID 6280 - Suspension of the Regional Hepato-Pancreato-Biliary service model. New risk escalated in October 2025 with a risk score of 16.

Diagnostics, Therapies, Pharmacy & Sciences

- Datix Risk ID 2713 - Backlog of Reporting Radiology Examinations. New risk escalated in October 2025 with a risk score of 16.
- Datix Risk ID 6379 - CT Scanners at RGH damaged by power outage and manual generator/UPS switch over. New risk escalated in October 2025 with a risk score of 16.

Mental Health & Learning Disabilities Care Group

- Datix Risk ID 6318 - Tier 3 SHED Team Service Delivery. New risk escalated in October 2025 with a risk score of 16.

Primary Care & Community Care Group

- Datix Risk ID 5877 – New Worker Contract for Out of Hour GPs. New risk escalated in November 2025 with a risk score of 16.

3.2 CHANGES TO RISKS

Risk Score Increased

Nil this period.

Risk Score Decreased

Facilities Directorate

- Datix Risk ID 5691 - CCTV System Failure in Prince Charles Hospital and Princess of Wales Hospital. Risk score decreased from a 16 to a 12. Rationale for de-escalation captured within the report and within closed session due to business sensitivities.

Medical Director Directorate

- Datix Risk ID 6111 – Medical Examiners Delay. Risk score reduced from a 20 to a 12. QR Code solution now live and active. Process should now be sped up and performance will be monitored closely. The Team will remain a watching brief on submissions in order to identify any issues. The likelihood has been reduced to a 3 rather than the target level of 2 in the interim whilst the new process is monitored closely.

Digital & Data Directorate

Diagnosics, Therapies, Pharmacy & Sciences

- Datix Risk ID 5304 - The Air Handling Unit (AHU) for the pharmacy aseptic production suite. This risk has been reduced from a 16 to a 12. The rationale for de-escalation is that the NHS Wales Shared Services Partnership verification is complete, and the Air Handling Unit is functioning as expected.
- Datix Risk ID 3567 - Capacity of Cellular Pathology Service – Space. This risk has been reduced from a 16 to a 12. The rationale for de-escalation is that current controls are expected to mitigate this risk at a level of 12 unless there is a new trigger. Department changes are being considered with Infection Prevention Control team relocation. Further detail is captured in Appendix 1.

Mental Health & Learning Disabilities Care Group

- Datix Risk ID 5646 - The impact of "Right Care Right Person" (RCRP) approach. Proposed for de-escalation. At the MHLDCare Group Operational Management Board in October 25 it was agreed that it was unlikely the policy is not going to adversely affect the frequency of RCRP related incidents and therefore the likelihood scoring was reduced. The risk score is therefore recommended for reduction from a 16 to a 12.

Infection Prevention & Control

- Datix Risk ID 4218 - Reduced on site Consultant Microbiologist/ IPC Doctor cover for Bridgend. This risk has been reduced from a 16 to a 12 as temporary microbiology cover arrangements have been established.



3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Digital & Data Directorate

- Datix Risk ID 6102 - Patient Pathways - Working in WPAS Instances, is proposed for closure in November 2025 as the target score has been met. Rationale for closure is that Patients are no longer being moved across two separate instances of WPAS in CTM.

3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence	5			3337 6217	5276			
	4			5820	4885 5576 6229 6228 4632 2713 6318	5579 5761 5045 4973 6231 6294 6379 6280	4491 3826 5417 6179 5753 5821 6052	
	3						4691 6232	
	2							
	1							
	CxL	1	2	3	4	5		
		Likelihood						

3.5 EMERGING RISKS




Identified as part of the risks considered and reviewed for escalation in the October 2025 iteration of the Organisational Risk Register:

- The Planned Care - Care Group are reviewing a risk regarding Laser Safety at Princess of Wales Hospital as there is no designated laser safety advisor on site. As part of the risk review the Operational Management Board has directed the Care Group to engage with the Diagnostics, Therapies, Pharmacy and Sciences Care Group to consider workforce cover across CTM. Once the review is complete further consideration will be given to escalation to the Organisational Risk Register. (Datix Risk ID 6124).
- The Planned Care and Unscheduled Care Care Group are jointly considering a risk in relation to 'Lack of Capacity for Hydroxychloroquine Screening in Ophthalmology'. Once the co-ordinated review between both Care Groups has been undertaken the risk will be considered for escalation to the Organisational Risk Register as one risk with shared actions across both Care Groups as appropriate. (Current Datix Risk IDs are 5797 and 3596).
- Primary Care & Community are considering the escalation of the following risks:



- a risk relating to pathway of care delays following a notable increase. This has been highlighted with Welsh Government and Local Authorities and this will be further explored at the Discharge Board, which has representation from Local Authorities.
- Social Care Capacity within Care Homes / Community is also being reviewed due to increasing concerns.

3.6 Board Assurance Framework – Principal/Strategic risks assigned to this Committee

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score
1.	Improving Care, Sustaining our Future  Click Here for Risk 1a Click Here for Risk 1b	a) Enough capacity to meet elective demand	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)
		b) Enough capacity to meet emergency demand			20 (C4XL5)
2.	Improving Care, Sustaining our Future  Click Here for Risk 2	Ability to deliver improvements which transform care and enhance outcomes	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)
3.	Sustaining our Future, Improving Care and Inspiring People  Click Here for Risk 3	Enough workforce to deliver the activity and quality ambitions of the organisation <i>(Including Culture, Values and Behaviours)</i>	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
	Not Applicable



Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Outcome:	Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	See detail captured for each risk
Enw da / Reputational	Yes (Include further detail below)	See detail captured for each risk
Effaith Adnoddau	Yes (Include further detail below)	



(Pobl / Ariannol) /
Resource Impact
(People / Financial)

See detail captured for each risk

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.

6. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.