



AGENDA ITEM

8.2

AUDIT & RISK COMMITTEE

ORGANISATIONAL RISK REGISTER

| | |
|------------------------|------------|
| Date of meeting | 09/06/2021 |
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| FOI Status | Public |
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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 | May 2021 | RISKS REVIEWED |
| Management Board | 19 th May 2021 | RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED |
| Health Board | 27 th May 2021 | APPROVED |

| ACRONYMS | |
|-----------------|----------------------------|
| CSGs | Clinical Service Groups |
| ILG's | Integrated Locality Groups |



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 risks escalated to the Organisational Risk Register have been appropriately assessed.
- 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.

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 Clinical Service Group risk registers, the pace of this activity has been impacted by the operational pressures in response to Covid-19, however, activity has resumed with the target of October 2021 for all risks held on the Datix system to have been reviewed.
 - A draft Risk Training Needs Analysis has been developed in conjunction with other NHS Organisations in Wales to ensure a consistent approach. The training programmes required to support the TNA are currently being worked through.
 - The monthly risk management awareness sessions held virtually via Teams are being well received, 55 colleagues joined the session on the 14th April 2021.
 - The Risk Management Improvement Plan has been further progressed with updates outlined in Appendix 2.
 - Risks on the organisational risk register have been updated as indicated in **red**.
 - The timings for receiving the risk register at Board Committees is has been reviewed to ensure that Committees receive as timely an update as possible.
 - All risks on the Covid-19 risk log were reviewed as part of the closure report when the command structure was stood down.
 - It has been advised that Bridgend ILG is currently in the process of reviewing its risk register and has established a Task & Finish group to facilitate this. They have also reviewed their CSG /governance assurance meetings to ensure that the risk register is proactively managed going forward. CSGs have been tasked with the review of all open risks scoring 15 and above to be completed by 20th May 2021. All other open risks to be reviewed by 30th June 2021.
 - The ICT/Digital risks are in the process of a significant review by the Chief Information Officer, however these were not available at the time of submission.



3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

Infection Prevention Control / Decontamination:

The Infection Control Lead and Deputy Director of Nursing undertook a review of the Infection Control and Decontamination risks this quarter and have escalated the following risks to the Organisational Risk Register:

1. Datix ID 4477 – There is no dedicated operational lead for decontamination in CTMUHB. Risk rated as a 20.
2. Datix ID 4478 – Inappropriate decontamination process in place for laryngoscope handles in RTE and M&C. Risk rated as a 16
3. Datix ID 2018 – Poor Compliance with Infection Prevention Control Training. Risk rated as a 16.
4. Datix ID 4217 – No Infection Prevention Control resource primary care. Risk rated as 16.
5. Datix ID 4476 – Manual decontamination of nasoendoscopes in RTE and M&C. Risk rated as 16.
6. Datix ID 4482 – Decontamination of dental equipment in the community. Risk rated as a 16.
7. Datix ID 4218 – Reduced on site Consultant Microbiologist cover for the Bridgend ILG. Risk rated as a 15.

Primary Care

The following risk was escalated from primary care this period:

8. Datix ID 4606 – Resumption of Orthodontic Services. Risk rated as a 15.

Rhondda Taf Ely Locality

The following risks were escalated from the RTE locality this period:

9. Datix ID 4152 – Backlog for Imaging in all modalities / areas and reduced capacity. Risk rating 16.
10. Datix ID 4577 – Impact of Speech and Language Therapy and Dietetics staffing capacity with relocation of tissue transfer and surgical procedures to Royal Glamorgan Hospital. Risk rated as a 15.

Financial Stability

The following financial stability risk was escalated this period:

11. Datix ID 4629 – Failure to achieve or reduce the planned recurrent deficit of £33.9m at the end of 2021-2022. Risk rated as a 20.

An emerging risk in relation to the implementation of the Once for Wales Datix programme is being considered and will be included in a future update as appropriate.



3.4 CHANGES TO RISK RATING

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

Nil this period.

b) Risks where the risk rating **DECREASED** during the period

1. Datix ID 4109 – Increase in requirement to store the patient record for longer due to the delay in the DPN project and the increased retention period due to the Infected Blood Inquiry. Risk rating reduced from a 16 to a 15.
2. Datix ID 4458 – Ambulance Handover Times. Risk rating reduced from a 20 to a 16.

3.5 CLOSED RISKS

1. Datix ID – 4331 – Covid-19 emergency flow and impact of the Royal Glamorgan Hospital (RGH) Flow. Closed as target score met. 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 | 1793 4565 | |
| | 4 | | | | 4070 4103 3584 2987 4235 3682 3008 4115 4148 3133 4417 4360 816 3656 4491 4292 4478 4217 4482 | 4149 4116 3585 4337 3562 4294 3958 3011 3654 4106 4156 4157 4392 4356 4401 4500 4152 2018 4476 4458 | 4060 4629 4477 4071 |
| | 3 | | | | | | 3899 632 3638 3072 4110 3698 3685 4286 4306 4281 4606 4109 4577 4218 |



| | | | | | | |
|------------|---|---|---|---|---|--|
| | 2 | | | | | |
| | 1 | | | | | |
| CxL | 1 | 2 | 3 | 4 | 5 | |
| Likelihood | | | | | | |

4. IMPACT ASSESSMENT

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|---|---|
| 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 detailed Organisational Risk Register at Appendix 1.
 - **NOTE** the recommendations in relation to New Risks and updated risks.
 - **NOTE** the Risk Management Improvement Plan at Appendix 2.