



**AGENDA ITEM**

5.2

**AUDIT & RISK COMMITTEE**

**ORGANISATIONAL RISK REGISTER**

<b>Date of meeting</b>	24.2.2022
<b>FOI Status</b>	Open
<b>If closed please indicate reason</b>	Not applicable – Public Meeting
<b>Prepared by</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Presented by</b>	Georgina Galletly, Director of Corporate Governance
<b>Approving Executive Sponsor</b>	Director of Corporate Governance
<b>Report purpose</b>	FOR REVIEW & APPROVAL

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Service, Function and Executive Formal Review	December 2021 / January 2022	RISKS REVIEWED
Strategic Leadership Group	19 <sup>th</sup> January 2022	RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED

**ACRONYMS**

**1. SITUATION/BACKGROUND**

1.1 The purpose of this report is for the Audit & Risk Committee to review and discuss the organisational risk register and consider whether the

risks escalated to the Organisational Risk Register have been appropriately assessed and endorse onward reporting to Board.

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

- 2.1 It should be noted that the review of risks has been impacted during this period as a result of the increased efforts to maximise the booster vaccination programme, coupled with the significant rise in infection rates affecting staffing levels across the Health Board that has involved the engagement of staff involved in risk updates and submissions.
- 2.2 The following progress has been made since the last report:
- 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. 289 members of staff trained from January 2021 to date.
  - Peer review of risks undertaken with the Infection Control Team, Deputy Director of Nursing and the Assistant Director of Governance & Risk in December 2021.
  - Risks on the organisational risk register have been updated as indicated in red.
- 2.3 In readiness for the next submission the risk entries will be reviewed to align with the new Strategic Goals. Column 2 of the Organisational Risk Register at Appendix 1.
- 2.4 The Revised Board Assurance Framework will be presented to the Board Development Session on the 23<sup>rd</sup> February 2022, along with a revised Risk Appetite Statement. If supported they will flow through to Board for Approval and amendments will be made thereafter to the Risk Management Strategy and other related risk policy documents as appropriate.

## **3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

### **3.1 NEW RISKS**

#### **Information Governance**

- Datix ID 4922 - Covid-19 Inquiry Preparedness - Information Management. Risk rated as a 16.

#### **Merthyr Cynon Locality**

- Datix ID 4732 - Lack of orthogeriatrician as NICE guidance and KPI1 NHFD. Risk rated as a 15.
- Datix ID 4923 - Increase in infection on ITU. Risk rated as a 15.

- Datix ID 2808 – Waiting Times/Performance: Neurodevelopment Team. Risk rated as a 15.

#### **Patient, Care and Safety Team**

- Datix ID 4940 - Delay to full automated implementation of Civica. Risk rated as a 20.

#### **Therapies (Hosted by Merthyr & Cynon Locality)**

- Datix ID 4866 – Lack of dedicated dietetic provision to Upper GI Oncology across CTMUHB. Risk rated as a 20.
- Datix ID 4833 – There is a risk to the delivery of high quality physiotherapy and health rehabilitation on all sites across the Health Board. Risk rated as a 15.

#### **Health, Safety & Fire Risks**

- Datix ID 2787 – Absence of a robust health Surveillance programme for employees. Risk rated as a 16. This risk has been added and replaces a duplicate risk included on the register – which was Datix risk ID 3656 which was closed this period.

#### **Primary Care**

- Datix ID 3267 - Out of Hours - Contingency Plan for Business Continuity Communications Hub Ty Elai. Risk Rated as a 16.

### 3.2 **CHANGES TO RISKS**

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

##### **Infection, Prevention and Control**

- Datix ID 4217 - No IPC resource for primary care. Risk rating increased from a 16 to a 20.

##### **Therapies (Hosted by Merthyr & Cynon Locality)**

- Datix ID 4652 - Therapies provision to increased numbers of stroke patients in PCH, POW, YCR and community/out patients. Risk rating increased from a 16 to a 20.

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

##### **Infection, Prevention and Control**

- Datix ID 4477 - There is no dedicated operational lead for decontamination in CTMUHB. Risk rating reduced from a 20 to a 12.
- Datix ID 4893 - ICNet is an integrated national system for infection surveillance and patient management (some duplicate records in ICNet as the system has not linked/merged patient). Risk rating reduced from a 20 to a 6.



### **Merthyr Cynon Locality Group**

- Datix ID 4685 - Patient Flow within the Theatres Department at Prince Charles Hospital. Risk rating reduced from a 16 to an 8.

#### **Occupational Health Risks**

- Datix ID 4676 - Absence of Perusssis (Whopping Cough) Vaccination Programme for Staff. Risk rating reduced from a 16 to a 9.

Rationale for de-escalation captured in Appendix 1.

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

### **Merthyr Cynon Locality Group**

- Datix ID 3562 - Emergency Department Overcrowding - within Majors, Minors, Clinical Assessment Unit and the GP Assessment Area at Prince Charles Hospital. Risk Closed 8.12.2021.
- Datix ID 4686 - Management of Controlled Drugs within the Theatres Department at Prince Charles Hospital. Risk closed 9.11.2021.
- Datix ID 4800 (Therapies) - The co-ordination of automatic repatriation of patients from Major Trauma Centre (s) to any site in CTMUHB. Risk Closed January 2022.

#### **Health, Safety & Fire Risks**

- Datix ID 3656 - Health Surveillance. This risk has closed as it was identified as a duplicated entry. New risk added to the Organisational Risk Register - see 2787.

#### **Infection, Prevention & Control**

- Datix ID 4776 - Manual decontamination of Transoesophageal Echocardiogram (TOE) probes. Risk closed as merged with risk 4476.

#### **Occupational Health.**

- Datix ID 4677 - Absence of Varicella (Chicken Pox) Vaccination Programme for Staff. Risk Closed.

Rationale for de-escalation captured in Appendix 1.

## 3.4 **POINTS TO NOTE:**

- Datix Risk ID 4071 - '**Failure to sustain services as currently configured to meet cancer targets**' was reviewed during the period. The Health Board has established enhanced monitoring processes which provides further assurance of the steps the Health Board has deployed and are putting into place to re-establish appropriate performance levels within the Suspected Cancer

Pathway. The risk rating has been reviewed in light of these further mitigations and a rating of 20 is considered to still be appropriate.

- A specific risk in relation to **Pathology Waiting Times** is currently being assessed following discussion at the recent Quality & Safety Committee.
- Datix Risk ID 3798 - **DBS compliance and level of assurance** currently remains rated as a 12, however, the mitigating actions are under review with a timeframe of the end of March, following which consideration will be given to whether the current scoring reflects current challenges in relation to this activity.

### 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 4664 4789		
	4				4149 3742 4106 4157 4458 4148 4337 2987 4294 3008 4500 816 4706 4282 4743 4798 4906 4908	4152 4478 4476 4116 3585 4684 3654 3133 2787 4699 1133 4752 4679 4356 4873 4922 4907 3267	4491 4629 4632 4071 4688 4203 4721 4722 4103 4841 4479 4217 4940 4652 4866
	3					3899 3638 3072 3698 3161 4691 4888 4732 4833	4672 4671 4512 4693 4590 4691 4923 2808
	2						
	1						
CxL	1	2	3	4	5		
	Likelihood						

## 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Aim to mitigate risks to patients and staff
<b>Related Health and Care</b>	Governance, Leadership and Accountability



<b>standard(s)</b>	All Health and Care Standards are included
<b>Equality impact assessment completed</b>	No (Include further detail below)
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Well-being Objectives</b>	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.