



AGENDA ITEM

5.2

AUDIT & RISK COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	28 th April 2022
FOI Status	Open
If closed please indicate reason	Not applicable – Public Meeting
Prepared by	Cally Hamblyn, Assistant Director of Governance & Risk
Presented by	Georgina Galletly, Director of Corporate Governance
Approving Executive Sponsor	Director of Corporate Governance
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	February/March 2022	RISKS REVIEWED
Strategic Leadership Group	16 th March 2022	MANAGEMENT SIGN OFF RECEIVED
Quality & Safety Committee	22 nd March 2022	ASSIGNED RISKS REVIEWED
Digital & Data Committee	23 rd March 2022	ASSIGNED RISKS REVIEWED
Health Board Meeting	31 st March 2022	RISKS REVIEWED AND APPROVED
Planning, Performance & Finance Committee	26 th April 2022	ASSIGNED RISKS REVIEWED

ACRONYMS

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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.

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

- 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 2022 and will continue beyond that date if required. 307 members of staff trained from January 2021 to date.
 - Targeted training session undertaken with District/Community Nursing Team and the Patient, Care and Safety Function.
 - Risks on the organisational risk register have been updated as indicated in red.
 - The entries on the Organisational Risk Register have been aligned to the new Strategic Goals.
 - The revised Board Assurance Framework, Risk Appetite Statement and Risk Domain Matrix was received at the Board Development Session on the 23rd February 2022 and approved by the Board on the 31st March 2022.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

Information Governance

- Datix ID 4339 – Failure to complete a timely Data Protection Impact Assessment (DPIA). Risk rated as a 16. Highlighted as a new risk to the Organisational Risk Register as risk rating increased from a 12 to a 16.

Patient Care & Safety

- Datix ID 5031 – Clinical Education & Training Accommodation. Risk rated as a 15.

Therapy Services

- Datix ID 4920 - Capacity within the ED/ Medical/ Rehabilitation and Orthopaedic Inpatient Occupational Therapy Service within Princess of Wales. Risk rated as a 15.



Merthyr Cynon Locality Group

- Datix ID 5017 – Implementation of the Additional Learning Needs (ALN) Act. Risk rated as a 16.

Digital & Data Risks

- Datix ID 5040 – DHCW Interdependencies. Risk rated as a 15.

3.2 **CHANGES TO RISKS**

a) Risks where the risk rating INCREASED during the period

Information Governance

- Datix ID 4699 - Failure to deliver a robust and sustainable Information Governance Function. Risk rating increased from a 16 to a 20.

b) Risks where the risk rating DECREASED during the period

Communications & Engagement

- Datix ID 4116 - Organisational Reputation - Lack of confidence in the services and care provided by the organisation. Risk rating decreased from a 16 to a 12.

Bridgend Locality Group

- Datix ID 4149 – Failure to sustain Child and Adolescent Mental Health Services. Risk rating decreased from a 20 to a 16.

Merthyr & Cynon Locality Group

- Datix ID 4684 – Emergency Department Environment at Prince Charles Hospital. Risk rating decreased from a 16 to a 12.

Infection, Prevention and Control

- Datix ID 4479 - No Centralised decontamination facility in Princess of Wales Hospital (POWH). Risk rating decreased from a 20 to a 16.
- Datix ID 4478 - Inappropriate decontamination process in place for laryngoscope handles in RTE & MC. Risk rating decreased from a 16 to an 8. This risk will now be removed from the Organisational Risk Register and managed locally by the function.
- Datix ID 4476 - Manual decontamination of nasoendoscopes in RTE & MC. Risk rating decreased from a 16 to an 8. This risk will now be removed from the Organisational Risk Register and managed locally by the function.

Patient, Care & Safety

- Datix ID 4940 - Delay to full automated Implementation of Civica. Risk rating decreased from a 20 to a 16.
- Datix ID 4789 - Number of overdue Serious Incidents awaiting completion. Risk rating decreased from a 15 to a 10.



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

Pharmacy & Medicines Management

- Datix ID 3072 – Temperatures in medicines storage room on the wards in Prince Charles Hospital not fit for purpose. Risk Closed as target score met.
- Datix ID 3161 – Lack of Wholesaler Dealers Authorisation. Risk Closed as target score met.

Facilities / Digital Risk

- Datix ID 4693 - Electrocardiogram (ECG) carts not connecting to hospital network. Risk closed as target score met.
- Datix ID 4768 - Replacement of press tank on the 13 stage CBW Press. Risk Closed as target score met.

Patient Care & Safety

- Datix ID 3899 - Clinical staff resuscitation training compliance. Risk closed as superseded by new risk Datix ID 5031.

The rationale for closure is captured in Appendix 1.

3.4 **DISCUSSION POINTS**

- Locality Group Return – RTE and Bridgend:
 - The Rhondda Taf Ely (RTE) ILG Director Triumvirate returned the March update on risks to their Clinical Service Group leads to provide a more robust update on risk mitigation and therefore no updates were received for the Organisational Risk Register on RTE risks on this occasion whilst this is undertaken. The return will therefore be captured in the next iteration of the Organisational Risk Register in May 2022.
 - Due to staff absence a risk update return was not received from Bridgend ILG on this occasion although risks 4149 and 4253 have been updated following a formal request by the Board at the January 2022 meeting.

It should be noted that this risk submission coincided with extreme operational flow pressures and the Welsh Government 'reset' period meaning CSG Managers were unable to dedicate additional time to make the necessary improvements.

- The Executive Medical Director is exploring the escalation of a risk relating to Clinical Policies.
- Rhondda Taf Ely Locality are developing a cancer site specific risk around breast.



- Merthyr Cynon Locality are due to escalate risk ID 4728 Neurology Service PCH which currently has a risk rating of 20, currently in discussion with counterparts in RTE Locality to consider if this has wider Health Board implications.
- A risk in relation to Pathology (Capacity vs Demand) is currently being reviewed by RTE Locality. Although RTT and demand on services is captured in many of the risks already highlighted to the Organisational Risk Register.

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		
	4				4149 3742 4106 4157 4458 4148 4337 2987 4294 3008 4500 816 4706 4282 4743 4798 4906 4908	4152 3585 3654 3133 2787 1133 4752 4679 4356 4873 4922 4907 3267 4339 4479 4940 5017	4491 4629 4632 4071 4688 4203 4721 4722 4103 4841 4217 4652 4866 4699
	3					5031 4672 3638 4671 3698 4512 4691 4590 4888 4691 4732 4923 4833 2808 4920 5040	
	2						
	1						
CxL	1	2	3	4	5		
	Likelihood						

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	No (Include further detail below)



completed	
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.