

AGENDA ITEM

4.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	18 th October 2021
------------------------	-------------------------------

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
-----------------------	------------

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

Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	September 2021	RISKS REVIEWED
Management Board	22 nd September 2021	REVIEWED AND MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	4 th October 2021	RISKS REVIEWED

ACRONYMS

CSGs	Clinical Service Groups
ILG's	Integrated Locality Groups

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is for the Planning, Performance & Finance Committee to review and discuss the organisational risk register and consider whether the risks escalated to the Organisational Risk Register, assigned to this Committee, have been appropriately assessed and endorse onward reporting to 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 and outlined below is the position of each ILG below in relation to the target of October 2021 for all risks held on the Datix system to have been reviewed.

Bridgend ILG – The Nurse Director provided a presentation to the Audit and Risk Committee in October 2021 on the progress to date on the review of risks within the ILG.

It is anticipated that Bridgend ILG will have a fully reviewed risk register by the end of October.

Rhondda Taf Ely ILG - All Clinical Service Groups (CSGs) report having reviewed their entire risk registers. However, there is still room for improvement to ensure the standard fully aligns with the Risk Management Strategy. Meetings are taking place, being led by the ILG Operations Director, over the next week to provide targeted support to CSGs where required and ensure consistency of approach and calibration across the ILG.

It is anticipated that RTE will have a fully reviewed risk register by mid-October at the latest.

Merthyr & Cynon ILG – All Clinical Service Groups (CSGs) continue to review their entire risk registers. A focussed risk session is scheduled for the 6th October led by the ILG Head of Quality & Safety with the support of the Assistant Director of Governance and Risk. This session and further targeted support will assist CSGs where required and ensure consistency of approach and calibration across the ILG.

It is anticipated that M&C will have a fully reviewed risk register by the end of October 2021.



- 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. 240 members of staff trained from January to September 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

No new risks identified this period assigned to the Planning, Performance & Finance Committee.

3.2 CHANGES TO RISKS

a) Risks where the risk rating INCREASED during the period

No risks were increased in terms of rating this period.

b) Risks where the risk rating DECREASED during the period

No risks were decreased in terms of rating this period.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Nil this period.

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

Consequence	5			4768 4772		
	4				4149 4458	4060 4629
	3					
	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 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.