

AGENDA ITEM

3.2

DIGITAL & DATA COMMITTEE
ORGANISATIONAL RISK REGISTER

Date of meeting	28 th September 2022
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FOI Status	Open
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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	August 2022	RISKS REVIEWED
Executive Leadership Group	12.9.2022	RISKS REVIEWED AND EXECUTIVE SIGN OFF RECEIVED

ACRONYMS	

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 BY THIS MEETING (ASSESSMENT)

2.1 The risk updates for this period has been impacted by the implementation of the new Care Group Model. The Executive Leadership Group supported "Guiding Principles: Quality Governance & Accountability during the Operating Model Transition" where the following transitional arrangements have been agreed:

- **Organisational Risk Register:** Workshop approach to realign risks on the Organisational Risk Register led by Nurse Directors. Timeframe: Workshop Sept/Oct 22. Realignment to complete by 31.1.2023.
- Central Quality Governance Team to provide a report to Care Groups which will contain all **Datix Legacy Information** for Risk, Incidents, Claims, Complaints etc. The Nurse Directors to then undertake an exercise to align activity/data to Care Group Model – Timeframe for alignment 31.1.2023.

The Assistant Director of Governance & Risk will engage and support this activity as required. Board and Committee Members are therefore asked to afford some flexibility in the review dates of risk whilst this transition is underway.

2.2 The following progress has been made since the last report:

- Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2022 and will continue beyond that date if required. 327 members of staff trained to date.
- 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

Nil for this Committee.

3.2 CHANGES TO RISKS

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

Nil for this Committee.

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

Information Governance

- Datix ID 4699 – Failure to deliver a robust and sustainable Information Governance Function. Risk decreased from a 20 to a 15.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Information Governance

- Datix ID 4339 - Failure to complete a timely and robust Data Protection Impact Assessment (DPIA). Risk now closed.

Further rationale for closure and/or removal from the Risk Register is captured in Appendix 1.

3.4 DISCUSSION POINTS

Emerging Risks

The Assistant Director of Governance & Risk has been made aware of the following emerging risks in the service that are likely to be escalated to a future Organisational Risk Register return:

- LINC Risks
- Unsupported server operating systems
- Safe transition from paper to digital record

Board Assurance Framework – Strategic Risk 6

Please refer to Appendix 2 to consider the update on *Strategic Risk 6 - Delivery of a digital and information infrastructure to support organisational transformation*, which is being received by the Board for Approval on the 29th September 2022.

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

Consequence	5				4664	
	4				4337	4887
	3					4672 4671 5040
	2					
	1					
CxL	1	2	3	4	5	
	Likelihood					

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.



policies and services.	Not applicable
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 Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Review** the Strategic Risk 6 included on the Board Assurance Framework at Appendix 2.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.