Meeting Date	01 April 2021	Agenda Item	2.3
Report Title	**Health & Safety Risk Register (HBRR) Report**		
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Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to inform the Health & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Health & Safety Committee and; to report the underpinning operational health & safety risks and actions being taken to minimise the risks.		
Key Issues	- The Audit Committee last considered the HBRR and Covid-19 Gold Command risk register on the 9 March 2021, - There are a total of 34 risks on the HBRR, no new risks have been added since November 2020, one risk has been closed as the position on the funding to support the response to the Covid 19 pandemic is now clear (risk 71), - The HBRR contains three risks assigned to the Health & Safety Committee: 13 Environment of Premises 41 – Fire Safety Compliance 64 – Health & Safety infrastructure, - There are a total of 23 risks on the Covid-19 Gold Command Risk Register, 5 have been closed and 4 new risks have been added since November 2020, - The risk management framework is subject to an Internal Audit assessment which started on the 23 February 2021, - The next quarterly update on the HBRR will be presented to the Health Board in March 2021.		

Specific Action Required *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☒	☒	☐

Recommendations	Members are asked to: **NOTE** the updates to the Health Board Risk Register and seek assurance on specific risks and/or process as appropriate; **NOTE** the updates to the Covid-19 Gold Command risk register; **DISCUSS** the risks assigned to the Health & Safety Committee and endorse the mitigating action being taken to manage the risks.

HEALTH & SAFETY RISK REGISTER (HBRR) REPORT

1. INTRODUCTION

The purpose of this report is to inform the Health & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Health & Safety Committee and; to report the underpinning operational health & safety risks and actions being taken to minimise the risks.

2. BACKGROUND

2.1 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the key 'live' extreme risks facing the Health Board and the actions being taken to mitigate them.

Each Health Board risk has a lead Executive Director who is responsible for ensuring there are mechanisms in place for identifying, managing and alerting the Board to significant risks within their areas of responsibility through regular, timely and accurate reports to the Senior Leadership Team/Executive Team, relevant Board Committees and the Board.

While the Audit Committee has the overarching responsibility for overseeing risk management, it has delegated relevant risks to each of the other board sub-committees to ensure their work programmes are aligned to these to ensure they review and receive reports on the progress made to mitigate key risks as far as possible. Quarterly HBRR update reports are submitted to the Health Board and each of the sub Committees of the Board.

The HBRR is presented at *Appendix 1* for information.

2.2 Covid 19 Risk Register

The COVID-19 risk register focusses on the management key risks related to managing the response to the Pandemic. The Covid 19 risk register is presented at *Appendix 2* for information.

3. MANAGEMENT OF HEALTH & SAFETY RISKS

3.1 HBRR Health & Safety Risks

There are three risks from the HBRR that are assigned to the Health & Safety Committee which are outlined in Figure 1 below.

The Committee is requested to accept the three HBRR entry risks, subject to any changes, to oversee, scrutinise and challenge in terms of actions being taken to minimise the risks and ensure the agenda is set to cover these areas of risks to enable reporting to the Board.

Figure 1 – HBRR Risk Assigned to the Health & Safety Committee

Risk	Exec Lead	Current Rating	Target Rating	Change
13 - Environment of Premises Failure to meet statutory health and safety requirements.	Chief Operating Officer/Director of Strategy	12	12	←
Update	Develop a strategy to improve primary & community services estate. Develop BJC's to improve the infrastructure of the 3 acute hospital sites (not including NPTH). Planned interviews to take on board a SCP 1ST / 2ND Week of November 20. 3 months to undertake verification of our design by the SCP then submit to the WG for approval and funding			
Recommendation	The Risk Management Scrutiny Panel has received environmental risk from Morriston Service Group and the Executive lead has been requested to **review the risk** to ensure the HBRR is at the correct level and takes account of the Service Group risk.			

Risk	Exec Lead	Current Rating	Target Rating	Change
41 - Fire Safety Regulation Compliance Fire Safety notice received from the Fire Authority – MH&LD Unit. Uncertain position in regard to the appropriateness of the cladding applied to Singleton Hospital in particular (as a high rise block) in respect of its compliance.re safety regulations.	Director of Nursing and Patient Experience	20	9	↓
Update	Narrative updated to reflect that regular meetings are taking place with the contractor and the Singleton site regarding planning for the forthcoming works of cladding removal and replacement on the front elevation. Scaffolding works to commence on 03.03.21, with actual works scheduled to commence in April 2021. Site walk arounds have been undertaken to agree site compounds and fire escape routes. Regular meetings scheduled to ensure appropriate levels of communications are in place and continue. HB will be linking with Mid and West Wales Fire and Rescue Services to ensure they are aware of the phases of work and progress. 11.03.21: Given the current works programme for the removal of the cladding (2.5years), there will be high levels of risk to manage locally given current resources corporately to actively support this. Additional resources are being requested on a permanent basis, with temporary arrangements in place to address overdue risk assessments. The HB will continue to work with MWWF to ensure they are kept up to date. Risk raised to 20.			
Recommendation	No change			

| Risk	Exec Lead	Current Rating	Target Rating	Change
64 - Health and Safety Infrastructure Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance.	Director of Nursing and Patient Experience	20	12	↓
Update	Narrative updated - Long term plans to be developed to understand the health and safety resource requirements for SBUHB.			
Recommendation	No change			

3.2 Operational Health & Safety Risks

Each Service Group and Directorate hold their own risk registers, which outline the operational risks facing each Service Group/directorate.

Any Operational risks relating to health and safety are monitored by the health & safety team, and any health & safety related risks that may need to be escalated for inclusion on the HBRR are brought to the attention of the risk management group and the Health & safety committee for consideration.

The graph in Figure 1, and table 2 below outline the operational risks by Service Group/Directorate and risk category.

Figure 1 – Operational Risks by Service Group/Directorate and Risk Category
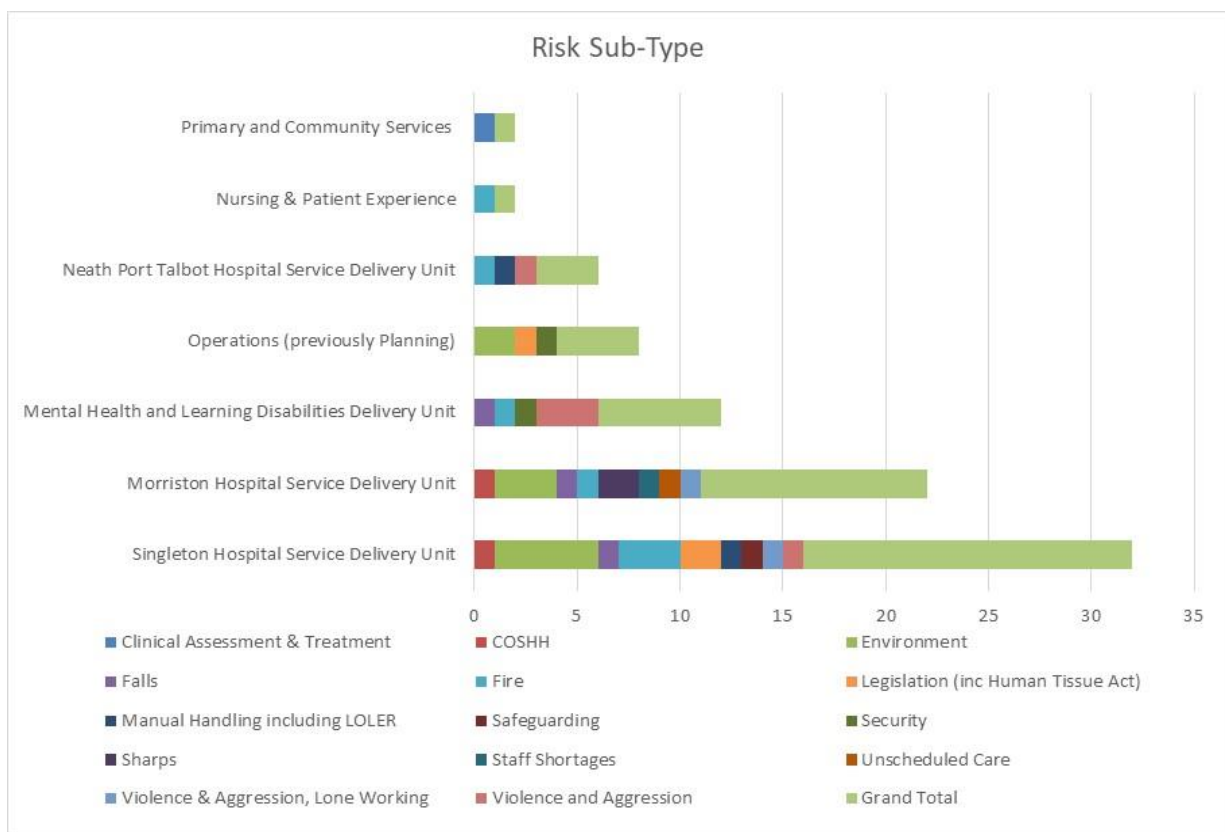
Table 2 - Operational Risks by Service Group/Directorate and Risk Category

Delivery Units	Clinical Assessment & Treatment	COSHH	Environment	Falls	Fire	Legislation (inc Human Tissue Act)	Manual Handling including LOLER	Safeguarding	Security	Sharps	Staff Shortages	Unscheduled Care	Violence & Aggression, Lone Working	Violence and Aggression	Grand Total
Singleton Hospital Service Delivery Unit		1	5	1	3	2	1	1						1	1	16
Morriston Hospital Service Delivery Unit		1	3	1	1					2	1	1	1		11
Mental Health and Learning Disabilities Delivery Unit				1	1				1					3	6
Operations (previously Planning)			2		1				1						4
Neath Port Talbot Hospital Service Delivery Unit					1		1							1	3
Nursing & Patient Experience						1									1
Primary and Community Services	1														1
Grand Total	1	2	10	3	7	3	2	1	2	2	1	1	2	5	42

All risks are required to be entered on RL Datix in the Risk Register module to allow linking of operational risks to HBRR entries.

As at November 2020, the largest number of operational risks are recorded for the Singleton/NPT Service group. The top 4 health & safety risk reporting categories relate to the categories outlined in Table 3 below:

Table 3 – Top 4 Health & Safety Risk Categories

H&S Risk Category	Number of Incidents
Environment	10
Fire	7
Violence & Aggression	5
Falls	3

3.3 Covid-19 Gold Risk Register

In recognition that Covid-19 is an "issue" which the Health Board is managing, a separate Risk Register has been established in the Datix risk management system to capture the Covid 19 risks which are overseen by the Covid-19 Gold Command group. The risks are reviewed and updated on a weekly basis. The Covid 19 Risk Register is presented at *Appendix 2* for information.

The register was last reviewed by the Covid 19 Gold Command group on the 22nd March 2021. There are currently twenty-three risks on the Covid-19 Gold Risk Register, five of which are closed. Four new risks have been added since November 2020:

- **R_COV_009b - Workforce Recruitment** added 13 November 2020 as despite efforts to recruit staff into substantive, agency, bank and other roles the HB fails to meet the expanding requirement to replace staff Covid related or increase staff resource as a consequence of new staff resource needs,
- **R_COV_019a** - **Opening of Field Hospital** (revised model - December 2020) added on the 11th December 2020 due to risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place,
- **R_COV_019b** - **Opening of Field Hospital** (revised model - December 2020) added on the 11th December 2020 due to risk of patient harm if the field hospital

is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place

- **R_COV_020** - **Workforce Resilience** – added on the 16 December 2020 due to the culmination of the pressure and impact on staff wellbeing - both physical and mental relating to the Covid 19 Pandemic.

4. GOVERNANCE & RISK

4.1 Risk Appetite & Tolerance Levels
Members of the Board agreed that the risk appetite, whilst dealing with Covid-19, would increase to **20** and above for an initial period of 3 months. The risk appetite of 20 and above has remained in place since the start of the pandemic. These arrangements will be reviewed regularly by the Executive Team, Audit Committee and the Board. It is proposed that the risk appetite remain at 20 with a regular review every three months.

An Internal Audit assessment of risk management processes is being undertaken in February 2021 and the findings will be reported to the Audit Committee.

4.2 Risk Management Group (RMG)
The Risk Management Group meet on a quarterly basis and oversee the escalation of all risks and report to the Senior Leadership Team (SLT) on progress (these arrangements have been suspended during the pandemic and reporting will re commence in March 2021).

The Group last met on the 9 March 2021 and:

- Reviewed the HBRR and high level Covid 19 Risk Register;
- Considered the updated Risk Management Policy,
- Considered and updated the Groups Terms of Reference;
- Considered and updated the Risk management policy; and
- Received an update on the Board Assurance Framework;
- The Director of Corporate Governance requested that Executive Directors/Service Directors review their existing operational risks on the Datix Risk Module (taking into account the positive /negative impacts that Covid-19 may have had on them).

The next meeting is on the 4 May 2021.

To ensure effective governance the Risk & Assurance team are supporting the Executive Directors/Service Directors to review and manage their risks. Ensuring regular reporting of the updates to the Executive Team, the Audit Committee and the Board for review.

4.3 Risk Scrutiny Panel
The Risk Scrutiny Panel meet on a monthly basis and oversee the escalation of all risks and ensure the risk management process is followed. The Panel ensures the effectiveness of the Health Board's risk management system and consider risks rated as 20 and above (usually 16 and above, but 20 and above based on the 20 and above risk appetite) and review on a monthly basis a trigger of risks rated 16 and above received from the Service groups and Corporate Directorates, and consider themes of risks emerging from Service Group/Service/Department Level which are below 16 although collectively could require escalation to the Risk Management Group (RMG)/Senior Leadership Team (SLT) for consideration for inclusion on the HBRR.

The Risk Scrutiny panel last met on the 21 January 2021 and 22 February 2021 respectively and considered risk exception reports from the Service Groups and Corporate Directorates.

5. FINANCIAL IMPLICATIONS

There are financial implications to minimising the risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health Board, Units and in Departments. Capital monies will also be required in relation to supporting the improvements required to improve and further detail is provided in the individual entry on the HBRR.

6. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register and seek assurance on specific risks and/or process as appropriate;
- **NOTE** the updates to the Covid-19 Gold Command risk register;
- **DISCUSS** the risks assigned to the Health & Safety Committee and endorse the mitigating action being taken to manage the risks.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in the UHB. Patients are potentially exposed to health and safety risks. Systems to manage those risks must be patient centred; as an example understanding each patients trigger for violence and aggression will protect both staff and patients.

Financial Implications

The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's risk management processes.

Legal Implications (including equality and diversity assessment)

It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB. Health and safety law compliance, avoidance or mitigation of claims, effective use of staff and training resources etc.

Staffing Implications

All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/Unit Directors are requested to review their existing operational risks on Datix Risk Module to ensure SBUHB has an accurate and up to date risk profile.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The HBRR and the Covid 19 risk register sets out the framework for how SBUHB will make an assessment of existing and future emerging risks, and how it will plan to manage and prepare for those risks.

Report History	• 21 October 2020 - Risk Management Group • 12 November 2020 - Audit Committee • 15 December 2020 – Quality & Safety Committee • 21 January 2021 – Risk Scrutiny Panel

	9 February 2021 – Workforce & OD Committee 22 February 2021 – Risk Scrutiny Panel 23 February 2021 – Quality & Safety Committee 9 March 2021 – Audit Committee 9 March 2021 – Risk Management Group
Appendices	- Appendix 1 – Health Board Risk Register; and - Appendix 2 - Covid-19 High level Risk Register.