

ABMU Corporate Health & Safety Risk Register

April 2018

Risk type	Ref	Opened	Issue	Risk (in brief)	Controls in Place	Prob	Sev	Rating	Action
ABM Gen	CR1	07/16	Management of Medical Device Alerts (MDAs) .	Harm to patients, staff due to use of defective etc. medical devices. Roles and responsibilities, governance.	DATIX Standard Operating Procedures (SOPs) ABMU and Units Monitoring by Medical Devices Committee	2	4	8	Revised circulation lists in place. Implement effective monitoring at ABMU and Unit level.
COSHH	CSH1	11/16	Management of COSHH	Failure to comply with duties	Support from Health & Safety dept. No monitoring programme etc.	2	4	10	Review to be undertaken by Health & Safety sub group for reporting to Health & Safety committee.
External	Ex1	03/18	Legal compliance	Failure to effectively manage existing and new legislation. Change of focus of enforcing authorities etc. High Health & Safety Executive (HSE) fines now possible.	Number of specialist committees Action plans	2	5	10	Routine reviews at ABMU committees and Operational Health & Safety sub group on highest risk matters.
Fire	F1	07/15	Fire safety resources	Lack of resource to develop new or review existing fire risk assessments, training etc. Failure to achieve legal duties. Ineffective governance.	Risk assessments Training Audit	3	5	15	3 rd Fire Safety Adviser to be recruited. Further review of resources. Prioritisation of risk assessment of sleeping accommodation.

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Fire	F2	11/15	Effective training and competency of staff	Lack of competent managers and staff to manage fire safety issues e.g. control of local fire safety and evacuation strategy, site management etc.	Some ward and departmental specific training in place. Many training sessions are generic.	3	4	12	Develop training needs analysis for all wards and departments to clearly define competency systems.
Fire	F4	11/15	Evacuation strategies for less able patients, staff and others visiting our premises	Building design features may inhibit effective bed evacuation. Lack of training and equipment.	Identified at risk assessment.	2	3	6	Requirement to fully review areas to ensure effective systems in place. System to log risk assessment actions required and ensure actions are completed is being developed.
Fire	F6	07/15	Fire evacuation drills	Requirement to undertake fire evacuation drills in wards and departments.	Limited number of fire drills held.	2	4	8	Strategy agreed by ABMU Operational Health & Safety Group.
Fire	F7	11/15	Maintaining local fire emergency plans	Effectiveness of plans for patient type and building design. Confirming assurance that plans are in place and maintained.	Fire risk assessments.	2	4	8	SDU reviews required and linked to work of their local Health & Safety meetings. Fire risk assessment system to ensure required actions are completed to be rolled out.
Fire	F8	02/17	Fire Investment Programme	Development of capital programme for fire safety investment based upon fire audit, risk assessments etc.	Fire Safety Group	3	3	9	To be reviewed by Fire Safety Committee and proposed to Health & Safety Committee.
Fire	F9	11/15	Fire Incident Reporting	Failure to learn lessons, reduce numbers of false alarms etc. Lack of ownership of fire safety.	Multiple reporting methods	3	3	9	Reviewed Health & Safety Committee July 2017. Concluded no requirement for reporting onto DATIX

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Fire	F10	10/15	Compartmentation	No assurance on fire compartment integrity Inadequate range of accurate fire drawings.	Fire risk assessments	3	3	9	Implement survey system on a risk assessed basis recognising constraints in some of our hospitals.
Health & Safety Systems	HSM1	07/15	ABMU Reorganisation	Insufficient focus given to Health & Safety.	Action progressing at ABMU level and SDU level	3	3	9	Maintain development of ABMU Health & Safety management systems. Units to present self-assessments to Health & Safety Committee on a rolling basis.
Health & Safety Systems	HSM2	07/15	Management of Health & Safety in Units	Insufficient focus given to Health & Safety.	Developing local SDU arrangements.	4	4	16	Units to complete self-assessments in Quarter 1 of 2018/19 and then present their position to Health & Safety Committee for scrutiny and assurance. Head of Health & Safety to attend unit Health & Safety meetings.
Health & Safety Systems	HSM4	11/15	Effective communication across Health Board	Insufficient focus given to Health & Safety.	Improved attendance at Health & Safety Committee. Developing arrangements in management unit	4	4	16	As above.
Health & Safety Systems	HSM5	07/15	Management of Health & Safety in management units	Insufficient focus given to Health & Safety.	Currently only in Estates and Hotel Services?	3	3	9	Duplicate risk with HSM2– suggest closure.
Health & Safety Systems	HSM6	11/17	Reorganisation of ABMU/Cwm Taff	Change management Setting up of Health & Safety systems. Roles and responsibilities	TBC	2	3	6	Awaiting outcome of consultation.

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				Shared premises.					
Incident Reporting	IR1	03/17	Intelligence on Health & Safety incidents	Multiple codes available to report incidents. Risk of poor reporting, inconsistency of analysis etc.	DATIX Procedure. No Incident policy.	3	3	9	Improve DATIX reporting and utilise this for recording of all Health & Safety incidents
Incident Reporting	IR2	03/17	Sharps Incidents	Failure to effectively report and investigate incidents Potential failure of RIDDOR dangerous occurrence reporting	DATIX Protocol Health & Safety and Occupational Health depts.	3	4	12	Ensure compliance with safer sharps products. Ensure risk assessments are in place where traditional sharps are clinically justified.
Manual Handling	MH1	11/15	Training and Competency	Failure to understand competency needs, monitoring and review	Generally understood but consistency of approach required.	3	4	12	Consistent manual handling training approach required.
Manual Handling	MH2	03/17	Lack of equipment	Hoists and other equipment falling out of manufacturer's support.	Maintenance systems in place but spares becoming unavailable.	4	4	16	Review completed. Highest priority products purchased at year end 2017/18. Discretionary capital required to fund next level of risk equipment.
Manual Handling	MH3	07/15	Monitoring and review	Resources to effectively support ward and departments, periodic audits.	Some activity but limited resources.	3	3	9	Review needed. Health & Safety resources to be deployed based on risk management profile.
Occ. Health	OH1	11/16	Working effectively	Improve cooperation and coordination between Health & Safety team and Occupational Health departments	RIDDOR reporting strengthened and occupational health are now members of the Health and Safety Group.	3	3	9	Recent formation of joint Health & Safety Occupational Health group

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Perf	Perf1	11/15	Board Level Assurance	Lack of oversight of ABMU Health & Safety performance. Multiple Committees between Board and Health & Safety Committees.	Annual plan Annual Report Unit Reviews Nursing Metrix	3	4	12	Formation of ABMU Board Health & Safety Committee.
Perf	Perf2	11/15	Unit Level Assurance	Lack of oversight of Unit Health & Safety performance.	Unit Health & Safety Committees Nursing Metrix Unit reviews	3	4	12	Units to complete self-assessments in Quarter 1 of 2018/19 and then present their position to Health & Safety Committee for scrutiny and assurance. Head of Health & Safety to attend unit Health & Safety meetings.
Perf	Perf3	11/15	Management Unit Assurance	Lack of oversight of Management Unit Health & Safety performance.	Limited except for Estates and Facilities	3	4	12	Duplicate risk with Perf2 - suggest closure.
Policy	Pol1	07/15	Policy development	Older policies may not be appropriate.	Range of policies already reviewed.	3	3	9	Some lower risk matters to be reviewed through 2018/19 work programme.
Sharps	SHP1	11/15	Legal Compliance	Failure to recognise advances in technology and to replace non-safety engineered devices	Risk assessment. Range of devices. Training. Safer Sharps Group.	2	3	6	Improvement notice complied with. Reduce risk rating to 2x3.
Training	Trng1	11/15	Training	Failure to adequately train staff Legal compliance etc. Inability to release staff for training.	Some monitoring systems in place but not universal.	3	4	12	Full review of arrangements. Develop plan to move to more “in-situ” competency based training.

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Training	Trng2	07/15	Competency	Assessment that staff fully understand training received and are practicing same.	Some systems in place but not universal.	3	4	12	Full review of arrangements. Develop plan to move to more “in-situ” competency based training.
V&A	VA1	11/15	Training and Competency	Under-trained or over trained staff. Failure to own training systems.	Generally understood but consistency of approach required.	3	4	12	Develop training needs analysis for all wards and departments to clearly define competency systems, monitoring of competencies etc.
V&A	VA2	07/15	Non-deliberate violence	Some training systems may be inappropriate for particular patient groups etc.	Some training but not consistent approach.	3	4	12	Develop training needs analysis for all wards and departments to clearly define competency systems, monitoring of competencies etc.
V&A	VA3	07/15	Lone workers	Protection of lone workers across health board.	Lone worker procedure. Risk assessment.	2	4	8	Review of effectiveness of lone worker protection, risk assessments etc
VDU	VDU1	11/16	General	Protection of staff from Work Related Upper Limb disorders (WRULD).	Risk assessment, training etc. but not consistent approach.	2	3	6	Review to be undertaken.