



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe

Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER

February 2022

RISKS ASSIGNED TO THE HEALTH & SAFETY COMMITTEE

Datix ID Number: 841 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 13 Risk Target Date: TBC		Current Risk Rating 4 x 4 = 16																																								
Objective: Best Value Outcomes		Director Lead: Darren Griffiths, Director of Finance Assuring Committee: Health and Safety Committee																																										
Risk: Health & Safety Compliance – Environment of Premises. Risk relates to compliance in terms of appropriate accommodation in line with Health and Safety Regulations.		Date last reviewed: February 2023																																										
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 4 x 3 = 12		<table border="1"> <caption>Risk Score and Target Score History</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>12</td><td>12</td></tr> <tr><td>Apr-22</td><td>12</td><td>12</td></tr> <tr><td>May-22</td><td>12</td><td>12</td></tr> <tr><td>Jun-22</td><td>12</td><td>12</td></tr> <tr><td>Jul-22</td><td>12</td><td>12</td></tr> <tr><td>Aug-22</td><td>12</td><td>12</td></tr> <tr><td>Sep-22</td><td>12</td><td>12</td></tr> <tr><td>Oct-22</td><td>12</td><td>12</td></tr> <tr><td>Nov-22</td><td>12</td><td>12</td></tr> <tr><td>Dec-22</td><td>12</td><td>12</td></tr> <tr><td>Jan-23</td><td>12</td><td>12</td></tr> <tr><td>Feb-23</td><td>12</td><td>16</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Mar-22	12	12	Apr-22	12	12	May-22	12	12	Jun-22	12	12	Jul-22	12	12	Aug-22	12	12	Sep-22	12	12	Oct-22	12	12	Nov-22	12	12	Dec-22	12	12	Jan-23	12	12	Feb-23	12	16	Rationale for current score: The accommodation is varied in age, tired and in need of upgrading/refurbishment to enable improved condition and compliance to regulations and WHBN/WHTMs. Score has increased following the Health Board commissioning a 6 FACET survey, this has highlighted key areas around compliance that require addressing	
Month	Target Score	Risk Score																																										
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Level of Control = 90%		Rationale for target score: Risk assessments of premises.																																										
Date added to the HB risk register April 2012																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> Key areas where performance linked to health & safety/fire issues. Health & Safety and Quality & Safety Committees and agreed actions to mitigate impacts. Actions addressed through site meetings trade improvements on the 2 acute hospital sites. Primary Care premises, audits commissioned and delayed due to Covid. Development of estates strategy and DCPs Capital programmes Priority of discretionary capital funding Development of appropriate capital business cases and present to Welsh Government 		Action		Lead																																								
		A review is currently taking place of current PCST structures and governance arrangements for estates and H&S to cover key compliances and escalation processes		Service Group Director (PCT) & Assistant Director of Health & Safety																																								
		Estates strategy has been developed and a draft will be received at the estates utilisation group on 15/11/22. Estates strategy presented to a Board Development session in January 2023		Assistant Director of Estates		Deadline 30/03/2023																																						
		A Task & Finish Group to be established to further develop with a target of submitting a final, scrutinised Estates Strategy to the Board in May 2023. The Health Board has DCP's in the strategy and will assist in the overall condition and compliance of the estate. However, this will be over the next 10 years at least.		Assistant Director of Estates Assistant Director of Capital		Deadline 30/01/2023 Complete 10 th May 2023 ahead of Board meeting on 25 th May 2023																																						
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)																																										
Additional Comments / Progress Notes 17/02/2023: Estates strategy presented to Independent Members 09/01/23. First Task and Finish Group chaired by Health Board Vice Chair met on 22 nd February 2023. On-going dialogue with PC&TSG on structures, with further reviews in Q4. Analysis of the 6 FACET survey has highlighted a number of areas that require significant investment, therefore the score has been increased based on likelihood raising to 4, so 4 x 4 = 16.																																												

Datix ID Number: 1043 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 36 Risk Target Date: 31st March 2024		Current Risk Rating 4 x 4 = 16																																								
Objective: Digitally enabled care		Director Lead: Matt John, Director of Digital Assuring Committee: Workforce & OD Committee For information: Health & Safety Committee		Date last reviewed: March 2023 (15/03/2023)																																								
Risk: Paper Record Storage: Lack of a single electronic record means there is greater reliance on the provision of the paper record. If we fail to provide adequate storage facilities for paper records, then this will impact on the availability of patient records at the point of care. Quality of the paper record may also be reduced if there is poor records management in some wards. There is an increased fire risk where medical records are stored outside of the medical record libraries.		Rationale for current score: C - Inability to find records for patients could delay care/increase length of stay over 15 days. Could also mean patients receive incorrect treatment. Increased risk of fire where records are stored outside of the medical record libraries. L - we know this happens from incidents raised		Rationale for target score: C - The increased development and adoption of the digital record will reduce the need for the paper health record being available at the point of care. L - The increased development and adoption of the digital record, the introduction of RFID and the approach to management of the paper record identified in the Business case process should reduce the amount of paper required to be stored and managed.																																								
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 3 x 3 = 9	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>16</td><td>9</td></tr> <tr><td>Apr-22</td><td>16</td><td>9</td></tr> <tr><td>May-22</td><td>16</td><td>9</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td>16</td><td>9</td></tr> <tr><td>Aug-22</td><td>16</td><td>9</td></tr> <tr><td>Sep-22</td><td>16</td><td>9</td></tr> <tr><td>Oct-22</td><td>16</td><td>9</td></tr> <tr><td>Nov-22</td><td>16</td><td>9</td></tr> <tr><td>Dec-22</td><td>16</td><td>9</td></tr> <tr><td>Jan-23</td><td>16</td><td>9</td></tr> <tr><td>Feb-23</td><td>16</td><td>9</td></tr> </tbody> </table>			Month	Risk Score	Target Score	Mar-22	16	9	Apr-22	16	9	May-22	16	9	Jun-22	16	9	Jul-22	16	9	Aug-22	16	9	Sep-22	16	9	Oct-22	16	9	Nov-22	16	9	Dec-22	16	9	Jan-23	16	9	Feb-23	16	9	Level of Control = 70%	
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Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> There is a plan in place to increase the functionality of the electronic record to document patient care. The delivery of the plan is overseen by the Digital Leadership Group and progress provided to Management Board. (Supported by individual project boards as appropriate) Records managed by the Medical Records libraries are RFID tagged and location tracked Medical Record libraries are regularly risk assessed for fire by health and safety Alternative offsite storage arrangements have been identified. All records must be documented on the Information Asset Register (IAR). 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Amended: Re-develop a joint outline Business Case for centralisation of the health records and the scanning model.</td> <td>Head of Health Records & Clinical Coding</td> <td>30/06/2023</td> </tr> <tr> <td>Relocate Health records to the new site.</td> <td>Head of Health Records & Clinical Coding</td> <td>Closed – see comments</td> </tr> <tr> <td>Assessment of the impact of the Records Management code of practice</td> <td>Head of Health Records & Clinical Coding</td> <td>01/06/2023</td> </tr> <tr> <td>Develop a revised destruction plan</td> <td>Head of Health Records & Clinical Coding</td> <td>30/06/2023</td> </tr> </tbody> </table>			Action	Lead	Deadline	Amended: Re-develop a joint outline Business Case for centralisation of the health records and the scanning model.	Head of Health Records & Clinical Coding	30/06/2023	Relocate Health records to the new site.	Head of Health Records & Clinical Coding	Closed – see comments	Assessment of the impact of the Records Management code of practice	Head of Health Records & Clinical Coding	01/06/2023	Develop a revised destruction plan	Head of Health Records & Clinical Coding	30/06/2023																								
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Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> RFID has been implemented for the acute record improving the management and storage of records Health Records performance reports developed in line with RFID technology Attainment of the Tier 1 Health Board target for clinical coding completeness which relies on the 			Gaps in assurance (What additional assurances should we seek?) Investment required supporting the delivery and operational costs of the Digital strategy. Reliance on DHCW for delivery of the solution for a fully electronic patient record.																																									

<p>timely availability and quality of the Paper record and electronic sources</p> <ul style="list-style-type: none"> • Monitoring complaints and incident reporting. • Electronic record is being implemented in accordance with the plan eg implementation of WNCR, ETR, HEPMA etc. 	<p>Impact of the Infected Blood Enquiry on the Health Boards ability to destroy notes.</p> <p>Process for ensuring clinical adoption of electronic ways of working and cessation of adding information to the paper record that is already available electronically needs to be agreed and enforced by the Health Board.</p> <p>Impact of the infected Blood Inquiry on the health boards ability to destroy notes and the change in the records code of practice is being reviewed by the Director of Digital.</p>
<p style="text-align: center;">Additional Notes</p> <p>15/12/2022 – This risk will remain on-going throughout the development process and timescales will continue to change until the implementation of scanning for the acute record, however 'paper-lite' ways of working continue.</p> <p>11/01/2023 – A business case is being submitted to the Scrutiny panel by 13/01/2023 for BCAG at the end of the month. Date is 31/01/2023 for action update.</p> <p>15/03/2023 – The intended location for the centralisation of Health Records is no longer available due to the vendor withdrawing from negotiations. This means the outline business for scanning can no longer be completed. A revised requirement for the accommodation of the centralisation of the health records and scanning provision is being drawn up and a revised business case will be developed once a suitable location has been identified. The current action to transfer records to previously identified location is closed and the action to produce the business case has been revised.</p> <p>In March we have received notification that the blood enquiry embargo on the destruction of records has been lifted. However, due to a change in the 'Records Management Code of Practice for Health and Social Care 2022' around the increased retention of records for patients with long term illness, an assessment is required to determine the impact on the destruction and continued storage of records. This assessment needs to inform the requirements for a centralised unit and scanning model. Destruction of records outside of this change has begun following the lifting of the embargo.</p>	

Datix ID Number: 1567 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 41 Risk Target Date: February 2024		Current Risk Rating 4 x 4 = 16																																								
Objective: Best Value Outcomes		Director Lead: Darren Griffiths, Director of Finance & Performance Assuring Committee: Health and Safety Committee																																										
Risk: Fire Regulation Compliance 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 with fire safety regulations.		Date last reviewed: February 2023																																										
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 Current: 4 x 4 = 16 Target: 3 x 3 = 9		<table border="1"> <caption>Risk Score and Target Score History</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>9</td><td>16</td></tr> <tr><td>Apr-22</td><td>9</td><td>16</td></tr> <tr><td>May-22</td><td>9</td><td>16</td></tr> <tr><td>Jun-22</td><td>9</td><td>16</td></tr> <tr><td>Jul-22</td><td>9</td><td>16</td></tr> <tr><td>Aug-22</td><td>9</td><td>16</td></tr> <tr><td>Sep-22</td><td>9</td><td>16</td></tr> <tr><td>Oct-22</td><td>9</td><td>16</td></tr> <tr><td>Nov-22</td><td>9</td><td>16</td></tr> <tr><td>Dec-22</td><td>9</td><td>16</td></tr> <tr><td>Jan-23</td><td>9</td><td>16</td></tr> <tr><td>Feb-23</td><td>9</td><td>16</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Mar-22	9	16	Apr-22	9	16	May-22	9	16	Jun-22	9	16	Jul-22	9	16	Aug-22	9	16	Sep-22	9	16	Oct-22	9	16	Nov-22	9	16	Dec-22	9	16	Jan-23	9	16	Feb-23	9	16	Rationale for current score: Cladding applied to Singleton Hospital front flank is not compliant with fire regulations. General compliance with fire regulations and WHTM/WHBN requirements.	
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Dec-22	9	16																																										
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Feb-23	9	16																																										
Level of Control = 50%		Rationale for target score: Once sufficient resources and the cladding is replaced the risk score will reduce significantly. This will be reduced in stages as resources are implemented and cladding replaced.																																										
Date added to the HB risk register 31/05/2018																																												
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> • Fire risk assessments. • Evacuation plans (vertical and horizontal). • Fire safety training. • Professional advice sought on compliance of panels. • East flank panels removed • Business case being developed for south panel removal and updating. 			Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Change in fire evacuation plans and alarm and detection cause and effect</td> <td>Head of Health & Safety</td> <td>01/11/2023</td> </tr> <tr> <td>Replacing the existing cladding and insulation with alternative specifications and inserting 30 minute fire cavity barriers where appropriate</td> <td>Service Improvement Manager</td> <td>28/02/2024</td> </tr> </tbody> </table>			Action	Lead	Deadline	Change in fire evacuation plans and alarm and detection cause and effect	Head of Health & Safety	01/11/2023	Replacing the existing cladding and insulation with alternative specifications and inserting 30 minute fire cavity barriers where appropriate	Service Improvement Manager	28/02/2024																														
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Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> • Monitoring through the H&S committee to receive assurance and or identify gaps for key compliance and adherence to applicable legislation. • NWSSP internal audits • Site visits/tours to identify compliance and gaps in compliances. • Completion of FRA's within targeted schedule 			Gaps in assurance (What additional assurances should we seek?) Suitable resources to be in place, all fire risk assessments and actions from them completed. Fire safety audits carried out internally. Fire compartmentation surveyed to provide assurance of fire stopping. Fire schematics updated and fire evacuation drawings updated in in place.																																									
Additional Comments / Progress Notes 13.12.22: Estates strategy/DCP developed with priorities identified and will be incorporated in future capital plans. No change in current risk score based on current available information. 16.01.23: Cladding programme continues, still scheduled for completion March 2024, with no change to risk score.																																												

Datix ID Number: 2159 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 64 Risk Target Date: 31st March 2023		Current Risk Rating 4 X 4 = 16																																								
Objective: Best Value Outcomes		Director Lead: Darren Griffiths, Director of Finance & Performance Assuring Committee: Health and Safety Committee																																										
Risk: Insufficient resource and capacity of the health, safety and fire function within SBUHB to maintain legislative and regulatory compliance for the workforce and for the sites across SBUHB.		Date last reviewed: February 2023																																										
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Level of Control = 70%		Rationale for target score: Compliance with the notices and to have sufficient resources to implement a sustainable health and safety provision to support the legal requirements of the Health Board and demonstrate that suitable resources are in place to undertake the roles and responsibilities of the department, and to undertake suitable and sufficient training, provide corporate overview/audit to ensure practices are being employed in the workplace.																																										
Date added to the HB risk register September 2019																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Assistant Director of Health and Safety in post to support strengthening and develop the H&S function to support the organisation. Business case submitted for additional resources. Health and Safety Operational Group and the Health and Safety Committee monitor compliance. Refreshed the Fire Safety Group with additional controls in place. Fire risk assessments are being prioritised with temporary additional resources put in place in March 2021 to reduce the number of FRA overdue. Fire training in place and fire wardens in place Fire risk assessment schedule in place for the next 12 months to maintain 100% compliance of completion and is regularly reviewed 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>It has been agreed to identify posts to progress recruitment on a phased approach over the next 12/24 months. This will be dependent upon availability of funding.</td> <td>Assistant Director of H&S</td> <td>31/03/2024</td> </tr> </tbody> </table>		Action	Lead	Deadline	It has been agreed to identify posts to progress recruitment on a phased approach over the next 12/24 months. This will be dependent upon availability of funding.	Assistant Director of H&S	31/03/2024																																		
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Additional Comments / Progress Notes 13.12.22 FSA post resignation reducing resources in fire, 1 MH and 1 H&S advisor to commence in Jan 23. Risk score to remain the same based on current information. 06.02.23 – H&S and MH posts commenced in January 2023 – one fire officer leaving end January 2023.																																												

Risk Score Calculation

For each risk identified, the LIKELIHOOD & CONSEQUENCE mechanism will be utilised. Essentially this examines each of the risks and attempts to assess the likelihood of the event occurring (PROBABILITY) and the effect it could have on the Health Board (IMPACT). This process ensures that the Health Board will be focusing on those risks that require immediate attention rather than spending time on areas that are a lower priority relatively,

Risk Matrix	LIKELIHOOD (*)				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
CONSEQUENCE (**)					
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25