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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



AN EXAMPLE

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|-----------------------------------|--|--------------------|------------------|
| Meeting Date | 7th August 2018 | Agenda Item | 3c |
| Report Title | Risk Register | | |
| Report Author | Dr Laurie Higgs, Head of Health and Safety | | |
| Report Sponsor | Siân Harrop-Griffiths, Director of Strategy | | |
| Presented by | Darren Griffiths, Assistant Director of Strategy | | |
| Freedom of Information | Open | | |
| Purpose of the Report | <p>This paper updates the Health and Safety Committee on risks recorded on the current Health Board wide risk profile, progress against those risks and the need to add or delete risks to or from the profile.</p> <p>This forms part of the programme of regular review of the total or elements of the risk register on a planned basis by the Health and Safety Operational Group.</p> | | |
| Key Issues | 3 risks to be updated on the risk register and one risk to be revised downwards as a result of successful management of the risk. | | |
| Specific Action Required) | Information | Discussion | Assurance |
| | | | ✓ |
| Recommendations | <p>The Health and Safety Committee is requested</p> <ol style="list-style-type: none"> 1. To confirm the changes proposed above including additions, deletions and changes to existing recorded risks 2. To confirm the scope of the current risk register and consider if any additional risks that they are aware of should now be included in the reviewed and updated register | | |

REVIEW OF ABMU HEALTH AND SAFETY RISK REGISTER (JUNE 2018)

1. Introduction

This paper updates the Health and Safety Committee on risks recorded on the current Health Board wide risk profile, progress against those risks and the need to add or delete risks to or from the profile.

This forms part of the programme of regular review of the total or elements of the risk register on a planned basis by the Health and Safety Operational Group.

Appendix 1 shows the current risk register.

The paper also includes those risks shown on the DATIX risk register that have a risk rating score of greater than 16. These are recorded in Appendix B.

2. ABMU Risk Register

Appendix 1 shows the current ABMU risk register. Where risks have been changed or added the row is shown in grey.

It is proposed that the following risk(s) are added

| Risk | RR | Reason |
|--|----|---|
| Risk of high fines being placed on NHS organisations due to ineffective health and safety management | 12 | NHS vulnerable, based upon turnover, to large fines for breaches of health and safety law |
| Singleton Cladding | 15 | Cladding must be managed including fire prevention and emergency responses. Long-term strategy for cladding replacement or retention required |
| Arrangements for the management of Radon gas sampling | 9 | Limited sampling of ABMU estate for presence of Radon gas |

It is proposed that the following risk(s) change their risk rating

| Risk | RR | Reason |
|--|----|--|
| Hoists and other equipment falling out of manufacturer's support | 12 | Reduce from 15 but further investment required to complete 2018-19 replacement programme |

3. DATIX Risk Register (Scoring 16+)

There are 6 risk that have been assessed as relating to health and safety. They fall into the following categories and are recorded in Appendix 2.

| Risk type | Number |
|------------|--------|
| Biological | 1 |
| Fire alarm | 1 |
| space | 1 |
| STF | 1 |
| Storage | 2 |

4 Recommendation

The Health and Safety Committee is requested

- To confirm the changes proposed above including additions, deletions and changes to existing recorded risks
- To confirm the scope of the current risk register and consider if any additional risks that they are aware of should now be included in the reviewed and updated register

GOVERNANCE AND RISK ISSUES

| Governance and Assurance | | | | | | | | | | |
|---|--|---|--|----------------|--|-----------------|--|--|---|--|
| Link to corporate objectives | Promoting and enabling healthier communities | | Delivering excellent patient outcomes, experience and access | | Demonstrating value and sustainability | | Securing a fully engaged skilled workforce | | Embedding effective governance and partnerships | |
| | | | ✓ | | ✓ | | ✓ | | ✓ | |
| Link to Health and Care Standards | Staying Healthy | Safe Care | Effective Care | Dignified Care | Timely Care | Individual Care | Staff and Resources | | | |
| | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | |
| Quality, Safety and Patient Experience | | | | | | | | | | |
| <p>Effective management of health and safety should not be seen as a burden on an organisation but as a key component of its duty of care to those who may be affected by what it does or even its omissions.</p> <p>Risk management is a key overarching area of health and safety and continual review and refresh of the risk register helps to shape the work plan for the committee and operational group but also provides assurance that actions are being taken to manage and improve quality, safety and experience.</p> | | | | | | | | | | |
| Financial Implications | | | | | | | | | | |
| Successful mitigation of some of the risks identified will have resource requirements and these will be specific to each risk. | | | | | | | | | | |
| Legal Implications (including equality and diversity assessment) | | | | | | | | | | |
| <p>The Health and Safety at Work Act 1974 places a legal duty on the Health Board to effectively plan, implement, monitor and review its health and safety performance. This paper support the development of a health and safety improvement plan for 2018-19 that will assist the Health Board to demonstrate its commitment of good health and safety management.</p> | | | | | | | | | | |
| Staffing Implications | | | | | | | | | | |
| None | | | | | | | | | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | | | | | | | | | |
| By working in safer and more sustainable ways the Health Board will ensure that future generations are protected from harm. | | | | | | | | | | |
| Report History | | The report has been received and agreed by the Health and Safety Operational Group. | | | | | | | | |
| Appendices | | Appendix 1 – ABMU risk profile Appendix 2 – DATIX risks | | | | | | | | |

Appendix 1

ABMU Risk Profile @June 2018

| Risk type | Ref | Opened | Risk (in brief) | Controls in Place | Prob | Sev | Rating | Action |
|-----------|------|--------|---|---|------|-----|--------|---|
| ABM Gen | CR1 | 05/18 | Improvements required in the governance of medical device alerts regarding confirming required actions completed and recorded | DATIX | 2 | 4 | 8 | Review governance arrangement in units |
| COSHH | CSH1 | 05/18 | Effective arrangements for the management of COSHH | No current procedure, support from H&S dept. | 3 | 3 | 9 | Review to be undertaken |
| External | Ex1 | 05/18 | Strategies developed by HSE, Fire etc. affecting ABMU | Reviewed at ABMU Committees | 3 | 2 | 6 | Maintain constant review, impact assessment etc. |
| External | Ex2 | 05/18 | Risk of high fines being placed on NHS organisations due to ineffective health and safety management | Reviewed at ABMU Committees | 2 | 5 | 10 | Maintain constant review, impact assessment etc. |
| Fire | F1 | 05/18 | Undertaking of fire risk assessments and confirming action taken is complete, monitored etc. | SSP database but no real time reporting. Estates Planet FM | 3 | 5 | 15 | Review use of databases. Probable ABM solution required to be developed |
| Fire | F2 | 05/18 | Develop training needs analysis for all wards and departments to clearly define competency systems, monitoring of competencies etc. | Current approach is limited to generic training. | 3 | 4 | 12 | Review at ABMU Operational H&S Group |
| Fire | F3 | 05/18 | Competency of ward and departmental managers in fire safety | No direct training. Advice available. Manage risk assessments | 2 | 4 | 8 | Review at ABMU Operational H&S Group |

| Risk type | Ref | Opened | Risk (in brief) | Controls in Place | Prob | Sev | Rating | Action |
|----------------|-------|--------|---|---|------|-----|--------|--|
| Fire | F4 | 05/18 | Evacuation strategies for bed bound patients - door frame size issues etc. (includes SGH cladding review) | Identified at risk assessment | 4 | 4 | 16 | Requirement to fully review areas to ensure effective systems in place |
| Fire | F6 | 05/18 | Requirement to undertake fire evacuation drills in wards and departments | Limited number of fire drills held | 2 | 4 | 8 | Strategy agreed by H&S Committee |
| Fire | F7 | 05/18 | Confirm wards and departments have effective arrangements for fire evacuation | Checked at fire risk assessment but no assurance required at unit level | 2 | 4 | 8 | Review at Unit H&S Groups |
| Fire | F8 | 05/18 | 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 Group |
| Fire | F9 | 05/18 | Improve the reporting and investigation of fire safety incidents with all events recorded on DATIX | Multiple reporting methods | 3 | 3 | 9 | Review at ABMU Operational H&S Group |
| Fire | F10 | 05/18 | Above ceiling inspections Recommendation from SSP. However, Infection control advice now required | Limited to reviews as part of capital developments | 3 | 3 | 9 | fire safety group to agree strategy, resources, funding etc. |
| Fire | F11 | 05/18 | Singleton Cladding | Cladding does not meet required specification | 3 | 5 | 15 | Further review regarding replacement or ongoing management of cladding |
| H&S Management | HSM 1 | 05/18 | Effective management arrangements for health and safety | H&S Annual plan, policy, training, monitoring and review etc. | 3 | 3 | 9 | Further modernisation of H&S arrangements |
| H&S Management | HSM 2 | 05/18 | Effective arrangements for management of Health and Safety in management units (SDU, Estates, Facilities) | H&S Committee, risk register, monitoring and review etc. Developing local SDU arrangements. | 4 | 4 | 16 | Some SDU Committees not active. No consistency of approach across SDUs |
| H&S Management | HSM 5 | 05/18 | Effective arrangements for management of Health and Safety in other management units (e.g. Finance, HR, IT) | No clearly understood | 3 | 3 | 9 | Ongoing |

| Risk type | Ref | Opened | Risk (in brief) | Controls in Place | Prob | Sev | Rating | Action |
|--------------------|-------|--------|---|---|------|-----|--------|--|
| H&S Management | HSM6 | 05/18 | Reorganisation of ABMU/Cwm Taff and setting up of health and safety systems | TBC | 2 | 3 | 6 | Review at ABMU Operational H&S Group |
| Incident Reporting | IR1 | 05/18 | Failures to investigate and effectively investigated incidents. No IR procedure | DATIX and IR Policy | 3 | 3 | 9 | Clean database only used for analysis of H&S incidents |
| Ionising Radiation | IRR1 | 05/18 | Arrangements for the management of Radon gas sampling | Limited resources | 3 | 3 | 9 | Review of arrangements by Operational H&S group |
| Incident Reporting | IR1 | 05/18 | Effective reporting, and investigation of Sharps injures | DATIX | 3 | 4 | 12 | Review |
| Manual Handling | MH1 | 05/18 | Develop training needs analysis for all wards and departments to clearly define competency systems, monitoring of competencies etc. | Generally understood but consistency of approach required | 3 | 4 | 12 | Review at ABMU Operational H&S Group |
| Manual Handling | MH2 | 05/18 | Hoists and other equipment falling out of manufacturer's support | Maintenance etc. but spares may become unavailable | 3 | 4 | 12 | Action taken (£350k invested) but approximately £90k to complete scheme in 2018-19 |
| Manual Handling | MH3 | 05/18 | Resources to effectively support ward and departments, periodic audits | Some activity but limited resources | 3 | 3 | 9 | Review needed. H&S resources |
| Occ Health | OH1 | 05/18 | Improve cooperation and coordination between Health and Safety team and occupational Health departments | joint group formed and developing work plan etc. | 3 | 3 | 9 | Ineffective reporting of high risk injuries |
| Perf | Perf1 | 05/18 | Develop systems to provide assurance that health and safety managed effectively by ABMU | Limited assurance | 3 | 4 | 12 | Ongoing |

| Risk type | Ref | Opened | Risk (in brief) | Controls in Place | Prob | Sev | Rating | Action |
|-----------|-------|--------|---|---|------|-----|--------|---|
| Perf | Perf2 | 05/18 | Develop systems to provide assurance that health and safety managed effectively by Service Management Units | New structures, limited assurance | 3 | 4 | 12 | New H&S management arrangements being developed |
| Perf | Perf3 | 05/18 | Develop systems to provide assurance that health and safety managed effectively by non-Service Management Units | New structures, limited assurance | 3 | 4 | 12 | New H&S management arrangements being developed |
| Policy | Pol1 | 05/18 | Policy review for new ABMU structures | None | 3 | 3 | 9 | Policy review ongoing. Approval of policies required by Q&S Committee |
| Sharps | SHP1 | 05/18 | HSE enforcement re. full implementation of Safer Sharps Regs 2013 | Range of devices, training etc. | 2 | 3 | 6 | Improvement notice complied with. Reduce risk rating to 2x3 |
| Training | Trng1 | 05/18 | To have clear understanding of arrangements for initial training, update training and assessing competencies of staff | Some systems in place but not universal | 3 | 4 | 12 | TBC |
| Training | Trng2 | 05/18 | Assessment that staff fully understand training received and are practicing same | Some systems in place but not universal | 3 | 4 | 12 | TBC |

| Risk type | Ref | Opened | Risk (in brief) | Controls in Place | Prob | Sev | Rating | Action |
|-----------|------|--------|---|--|------|-----|--------|-------------------------|
| V&A | VA1 | 05/18 | Develop training needs analysis for all wards and departments to clearly define competency systems, monitoring of competencies etc. | Generally understood but consistency of approach required | 3 | 4 | 12 | SDU action required |
| V&A | VA2 | 05/18 | Resources and systems to develop enhanced training for non-deliberate violence in acute hospitals | Some training but not consistent approach | 3 | 4 | 12 | TBC |
| V&A | VA3 | 05/18 | Review of effectiveness of lone worker protection, risk assessments etc. | Some training but need effective monitoring strategies | 2 | 4 | 8 | SDU action required |
| VDU | VDU1 | 05/18 | Effective arrangements for the management of VDU safety | Risk assessment, training etc. but not consistent approach | 2 | 3 | 6 | Review to be undertaken |

DATIX Risks for Health and Safety with Risk Rating > 16**Manual Handling including LOLER**

| Ref | Unit | Issue | Risk Description | | Action | |
|------|------|--------------------------|--|---------|--|----|
| 1270 | SGH | Archive storage, lack of | The health records archive at Cefn Coed Hospital has been closed to further records. The Child Health Dept needs to archive records in order to accommodate notes for current patients, and without this there is a risk of overcrowded storage, inability to find casenotes, and manual handling injuries, potentially culminating in a H&SE Improvement Notice. Similar risks exist in children's therapies. Scored for expected failure to comply with ABM Health Records Policies, or H&SE Improvement Notice. | Storage | This is a reinstatement of closed risks 753 and 288. | 20 |

Fire

| Ref | Unit | Issue | Risk Description | | Action | |
|------|------|---|---|------------|--|----|
| 1108 | MGH | Labelling review for Fire alarm system- Specialist Rehab Centre- Morryston Hospital | The Specialist Rehab Centre have had two incidents following false fire alarms where fire brigade/estates have been unable to locate building in reasonable timescale. Incident refs 1668 (31/12/2014) and 42964 (3/11/2016). Most recent incident on 3rd Nov 2016 resulted in all staff and patients evacuated building and waiting for 50 minutes for response from Estates/fire brigade. | Fire alarm | We have been informed that the delay was a result of miscommunication between switchboard and estates and that labelling of the fire alarm displays had contributed to this. | 25 |

Environment

| Ref | Unit | Issue | Risk Description | | Action | |
|-----|------|--------------------------------|--|------------|--|----|
| 231 | MGH | Patient isolation facilities | <p>Patient isolation facilities</p> <p>Within the Welsh Assembly Government's document: Healthcare Associated Infections: A Strategy for Hospitals in Wales, there is a requirement for Patients to be treated in a physical environment that minimises the risk of infection. HB's are required to provide appropriate isolation facilities to meet their needs.</p> <p>Within the Divisional Healthcare Associated Infection Action Plan, it has been identified that there are insufficient single rooms to provide adequate isolation facilities.</p> <p>There are competing demands for single rooms caused by the increasing numbers of patients with multi-resistant bacteria and patients presenting with gastro-intestinal symptoms</p> | Biological | <p>Inadequate single rooms to provide appropriate isolation facilities. There are only two cubicles for the 28 beds</p> <p>Patients who have infections, or suspected infections. that require isolation, and patients who are colonised with multi-resistant bacteria, who should ideally be nursed in isolation in a single room, are being nursed more frequently in open bays.</p> <p>There is an associated risk of increasing the environmental bio-burden, with a subsequent potential increasing the risk of cross-contamination to other patients</p> | 20 |
| 593 | POWH | POW ITU Environment Compliance | <p>The bed space recommendation for ITU areas does not comply with HBN 57 (Health Building Note 57 {2003}). The current bed space on the main ward is a mean average of 11.5m² and 18m² in the single rooms. HBN 57 recommends 26m² per bed.</p> <p>Due to a lack of storage there is clutter in all areas and stores are to be found in all clinical and utility rooms throughout the department. Not every bed area has a sink/ space doesn't allow for full manual handling guideline.</p> <p>There is inadequate storage for stock and non stock items.</p> <p>Medical devices attached to patients are not ergonomically sited and pose hazards to patients, visitors and staff.</p> <p>The pharmacy area is small and cluttered.</p> <p>Unable to protect patients dignity as patients can view patients in opposite bed areas.</p> | space | <p>Adherence to infection control guidelines</p> <p>Regular review of environmental audits.</p> <p>New IPS panels have been placed in main area as of March 2018 however Cubicle areas IPS panels and air flow systems are below the required standard</p> | 20 |

| | | | | | | |
|-----|------|---|---|---------|---|----|
| | | | Recent outbreak of pseudomonas generated a cross contamination of 10 patients. Ventilation grids are persistently dusty | | | |
| 145 | POWH | POW Theatre Storage | <p>There is a lack of adequate storage within the Main Theatre area at Princess of Wales Hospital. This lack of appropriate storage has resulted in large items of theatre equipment being stored within corridor areas.</p> <p>Due to controls being put into place with regards to the use of the downstairs coffee room - there is an increased reliance on the service lift to move equipment and manual handling.</p> | Storage | <p>All available controls have been implemented in order to alleviate the fire risks identified however there is insufficient physical space available within the immediate locality in order to adequately reduce risk.</p> <p>Following a second fire inspection in the department coffee room has now been reallocated to a storage area however this is mitigating the current score of 20.</p> | 20 |
| 704 | SGH | Singleton Health Records - patients records | The condition of the floor within the main library has resulted in the racking fixtures coming away from the tracks which has resulted in the racking breaking and becoming un-repairable resulting in 1000's of notes having to be moved. Separate issue within the sub library on the (WWB) due to wear and tear of the racking as a result of the racking being too full due to the volume of notes stored within this area. | STF | Retention and destruction practices in place and records moved from the racking fixtures to other areas within the department. Risk assessments undertaken | 20 |