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CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



|   |   |                    |                  |
|---|---|--------------------|------------------|
| <b>Meeting Date</b>                                 | <b>3<sup>rd</sup> December 2018</b>   | <b>Agenda Item</b> | <b>3b</b>        |
| <b>Report Title</b>                                 | <b>Health and Safety Risk Register</b>  |                    |                  |
| <b>Report Author</b>                                | Dr Laurie Higgs, Head of Health and Safety  |                    |                  |
| <b>Report Sponsor</b>                               | Siân Harrop-Griffiths, Director of Strategy   |                    |                  |
| <b>Presented by</b>                                 | Darren Griffiths, Associate Director of Performance   |                    |                  |
| <b>Freedom of Information</b>                       | Open  |                    |                  |
| <b>Purpose of the Report</b>                        | This report updates the ABMU Health and Safety Committee on progress on the management of health, safety and fire risks identified in the corporate health and safety risk register.  |                    |                  |
| <b>Key Issues</b>                                   | <p>There are a large number of risk identified. Some will require additional resources to manage them whilst others may require the development of new systems to manage the risk.</p> <p>The management of change in the organisation during 2019 is an emerging risk.</p> |                    |                  |
| <b>Specific Action Required (please ✓ one only)</b> | <b>Information</b>  | <b>Discussion</b>  | <b>Assurance</b> |
|   |   |                    | ✓                |
| <b>Recommendations</b>                              | <p>Members are asked to :</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of this report; and</li> <li>• <b>NOTE</b> the actions planned to mitigate the risks</li> </ul>  |                    |                  |

## HEALTH AND SAFETY RISK REGISTER

### 1. BACKGROUND

The approach of managing risk based upon knowledge is good practice. Priorities must be made regarding action taken and monitoring put in place to confirm the sufficient and appropriate action is being taken.

The Operational Health Group oversees the blending of unit based risks and corporate (Health Board wide risks) as they relate to Health and Safety.

### 2. ABMU RISK REGISTER FOR HEALTH AND SAFETY

The Health and Safety risk register has been before the Health and Safety Committee previously and it was observed that there were a number of risks which required review for either the accuracy of their content, their potential duplication of other risks or the precision of the actions in terms of them being SMART.

Intelligence to populate the risk register is developed in a number of ways including:

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- Emerging risks e.g. ABMU reorganisation, new legislation
- Risk assessments
- Incident reporting, investigation and learning lessons
- Claims management
- Networking with other organisations

The information in the risk register is included in the annual ABMU Health and Safety Improvement Plan.

**Appendix A** to this report sets out the risks where there has been limited or no progress to mitigate them in the last reporting period. These risks have been considered by the Operational Health and Safety Group to ensure there are management plans in place for each of these and the action in respect of these is set out below each risk.

**Appendix B** to this report sets out the content of the corporate Health and Safety risk register which has been updated following the helpful comments received from the last Health and Safety Committee meeting.

### 3. RECOMMENDATIONS

Members are asked to :

- **NOTE** the content of this report; and
- **NOTE** the actions planned to mitigate the risks

| <b>Governance and Assurance</b>  |   |           |  |                |  |                 |  |  |   |  |
|--|---|-----------|--|----------------|--|-----------------|--|--|---|--|
| <b>Link to corporate objectives</b>  | 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 |  |
|  | ✓   |           | ✓  |                | ✓                                      |                 | ✓  |  | ✓   |  |
| <b>Link to Health and Care Standards</b>   | Staying Healthy   | Safe Care | Effective Care   | Dignified Care | Timely Care                            | Individual Care | Staff and Resources                        |  |   |  |
|  | ✓   | ✓         | ✓  | ✓              |  | ✓               | ✓  |  |   |  |
| <b>Quality, Safety and Patient Experience</b>  |   |           |  |                |  |                 |  |  |   |  |
| <p>Knowledge of risk in the organisation and taking action to achieve effective control. The report forms part of the work of the Health Board regarding the identification and the management of key health, safety and fire risks.</p> |   |           |  |                |  |                 |  |  |   |  |
| <b>Financial Implications</b>  |   |           |  |                |  |                 |  |  |   |  |
| Financial risks are not included but may form part of the control measures adopted for individual risks  |   |           |  |                |  |                 |  |  |   |  |
| <b>Legal Implications (including equality and diversity assessment)</b>  |   |           |  |                |  |                 |  |  |   |  |
| Each risk may have general health and safety legal compliance implications or depending upon content there may be may specific duties placed on the Health Board.  |   |           |  |                |  |                 |  |  |   |  |
| <b>Staffing Implications</b>   |   |           |  |                |  |                 |  |  |   |  |
| Dependent upon the management of each risk.  |   |           |  |                |  |                 |  |  |   |  |
| <b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>  |   |           |  |                |  |                 |  |  |   |  |
| None   |   |           |  |                |  |                 |  |  |   |  |
| <b>Report History</b>  | The Operational Health and Safety Group has approved this report.   |           |  |                |  |                 |  |  |   |  |
| <b>Appendices</b>  | <p>Appendix A: Risks with limited or no progress made during period of review.</p> <p>Appendix B: Summary of ABMU Corporate Health and Safety Risk Register</p> |           |  |                |  |                 |  |  |   |  |

**Risk Register Entries: Limited or No Progress**

**Fire Safety**

|  |   |           |                   |                   |    |
|--|---|-----------|-------------------|-------------------|----|
| Risk Register date   | 11/15   | Action by | Fire Safety Group |                   |    |
| Summary and Risk Rating  |   |           | Prob              | Sev               | RR |
| Development of capital programme for fire safety investment based upon fire audit, risk assessments etc. |   |           | 2                 | 4                 | 8  |
| Current Situation  | <p>Capital monies currently allocated on a pro-rata basis</p> <p>Confirmation required that risks identified in risk assessments, incidents, audit, lifespan of equipment etc. are effectively and transparently managed via the capital programme.</p> |           |                   |                   |    |
| Action   | Fire Safety Group recently reformed and terms of reference reviewed. Management strategy for matters arising from risk assessments to be further reviewed to include capital elements   |           | New Action Date   | March 2019        |    |
|  |   |           | By Whom           | Fire Safety Group |    |

|   |  |           |                   |                   |    |
|---|--|-----------|-------------------|-------------------|----|
| Risk Register date  | 10/15  | Action by | Fire Safety Group |                   |    |
| Summary and Risk Rating   |  |           | Prob              | Sev               | RR |
| Management of above ceiling breaches of fire compartmentation, surveys etc. |  |           | 3                 | 3                 | 9  |
| Current Situation   | <p>Evidence of poor control of internal and contractor work and breaches of fire safety compartmentation</p> <p>Regular risk assessments may not include reviews of compartmentation due potential presence of Asbestos, accuracy of drawings, infection control risk etc.</p> |           |                   |                   |    |
| Action  | <p>Develop funding for ABMU survey</p> <p>Implement control measures to manage the work of contractors, IT department etc. Scheme already being piloted to routinely include repair costs for breached compartmentation.</p>   |           | New Action Date   | March 2019        |    |
|   |  |           | By Whom           | Fire Safety Group |    |

## Fire Safety (continued)

|  |   |           |                      |                  |    |  |
|--|---|-----------|----------------------|------------------|----|--|
| Risk Register date                                     | 07/18   | Action by | Board Singleton Unit |                  |    |  |
| Summary and Risk Rating                                |   |           | Prob                 | Sev              | RR |  |
| Singleton cladding does not meet fire safety standards |   |           | 3                    | 5                | 15 |  |
| Current Situation                                      | All wards now trained. Some equipment still required to remove Oxygen cylinders<br>Further changes in use of building or other capital works such as Asbestos stripping requires continual review and updating of local evacuation strategies |           |                      |                  |    |  |
| Action   | Unit to provide equipment   |           | New Action Date      | March 2019       |    |  |
|  | Funding required to treat cladding risk   |           | By Whom              | Unit/<br>Capital |    |  |

|   |  |           |                   |                   |    |  |
|---|--|-----------|-------------------|-------------------|----|--|
| Risk Register date                                    | 07/18  | Action by | Fire Safety Group |                   |    |  |
| Summary and Risk Rating                               |  |           | Prob              | Sev               | RR |  |
| Assurance regarding action from fire risk assessments |  |           | 3                 | 3                 | 9  |  |
| Current Situation                                     | 500 Fire risk assessments active. Each may generate local management, estates or capital actions. Inability to effectively confirm that action taken has been taken                              |           |                   |                   |    |  |
| Action  | Fire Safety Group reviewing systems and developing new database. Resources being identified to maintain constant review of actions taken and reporting to appropriate parts of the organisation. |           | New Action Date   | March 2019        |    |  |
|   |  |           | By Whom           | Director Strategy |    |  |

|   |   |           |                 |                           |    |  |
|---|---|-----------|-----------------|---------------------------|----|--|
| Risk Register date  | 02/17   | Action by |                 |                           |    |  |
| Summary and Risk Rating   |   |           | Prob            | Sev                       | RR |  |
| Develop and support managers to provide necessary skills in fire safety |   |           | 3               | 4                         | 12 |  |
| Current Situation   | No specific training for managers in fire safety management |           | New Action Date | April 2018                |    |  |
| Action  | Review ABMU Operational Health and Safety Group             |           | By Whom         | Head of Health and Safety |    |  |

## Ionising Radiation

|  |   |           |                   |                     |    |
|--|---|-----------|-------------------|---------------------|----|
| Risk Register date   | 05/18   | Action by | Director Strategy |                     |    |
| Summary and Risk Rating  |   |           | Prob              | Sev                 | RR |
| Inadequate arrangements for the management of Radon gas sampling |   |           | 3                 | 4                   | 12 |
| Current Situation  | Strategy developed but no funding for periodic testing. Testing undertaken on an ad-hoc basis |           |                   |                     |    |
| Action   | Identify funding and resources  |           | New Action Date   | April 2018          |    |
|  |   |           | By Whom           | Director Operations |    |

## H&S Management

|   |   |           |                        |              |    |
|---|---|-----------|------------------------|--------------|----|
| Risk Register date  | 07/15   | Action by | Service Delivery Units |              |    |
| Summary and Risk Rating   |   |           | Prob                   | Sev          | RR |
| Effective arrangements for management of Health and Safety in SDU |   |           | 4                      | 4            | 16 |
| Current Situation   | <p>Most units have active Health and Safety Groups. Attendance may be patchy and attendance by operational managers is often limited</p> <p>Two unit Health and Safety Groups have not met recently</p> <p>Primary Care and Community SDU forming dedicated Health and Safety Group</p> |           |                        |              |    |
| Action  | Ensure that regular meetings are held and that the content of those meeting demonstrate good governance.  |           | New Action Date        | January 2019 |    |
|   |   |           | By Whom                | Units        |    |

|  |  |           |                        |                  |    |
|--|--|-----------|------------------------|------------------|----|
| Risk Register date   | 07/15  | Action by | Service Delivery Units |                  |    |
| Summary and Risk Rating  |  |           | Prob                   | Sev              | RR |
| Effective arrangements for management of Health and Safety in management (not SDU) units |  |           | 3                      | 3                | 9  |
| Current Situation  | Currently only in Estates and Hotel Services   |           |                        |                  |    |
| Action   | Ensure that regular meetings are held and that the content of those meeting demonstrate good governance. |           | New Action Date        | April 2019       |    |
|  |  |           | By Whom                | Director Nursing |    |

## Training

|   |  |           |                   |                  |    |
|---|--|-----------|-------------------|------------------|----|
| Risk Register date  | 09/18                                  | Action by | Director Strategy |                  |    |
| Summary and Risk Rating   |  |           | Prob              | Sev              | RR |
| Loss of ABMU training rooms on Cwm Taff Unit at Glanrhyd Hospital |  |           | 2                 | 5                | 10 |
| Current Situation   | Review as part of ABMU reorganisation  |           |                   |                  |    |
| Action  | Confirm site strategies/ownership etc. |           | New Action Date   | April 2019       |    |
|   |  |           | By Whom           | Director Nursing |    |

**Summary of ABMU Corporate Health and Safety Risk Register (December 2018)**

|  |                        |
|--|------------------------|
|  | Closed/Complete        |
|  | Improving              |
|  | No or limited progress |

**ABMU General**

| Opened | Risk (in brief)  | Controls in Place | Prob | Sev | Rating | Action            |  | Current Position   |
|--------|--|-------------------|------|-----|--------|-------------------|--|--|
| 07/16  | Management of Alerts, roles and responsibilities, governance | DATIX             | 2    | 4   | 8      | Review ABM system |  | Confirmation ongoing with Units as to management arrangements, governance etc. |

**Control of Substances Hazardous to Health (COSHH)**

| Opened | Risk (in brief)                                    | Controls in Place                            | Prob | Sev | Rating | Action                  |  | Current Position   |
|--------|--|--|------|-----|--------|-------------------------|--|--|
| 11/16  | Effective arrangements for the management of COSHH | No current procedure, Support from H&S dept. | 2    | 4   | 10     | Review to be undertaken |  | Update procedure developed and being piloted in selected areas |

**External**

| Opened | Risk (in brief)                                       | Controls in Place        | Prob | Sev | Rating | Action   |  | Current Position                             |
|--------|---|--------------------------|------|-----|--------|--|--|--|
| 03/17  | Strategies developed by HSE, Fire etc. affecting ABMU | Review at ABMU committee | 3    | 2   | 8      | New strategy for HSE being implemented in 2017 |  | No recent UK-wide strategies being developed |



## Fire

| Opened | Risk (in brief)   | Controls in Place  | Prob | Sev | Rating | Action  |  | Current Position  |
|--------|---|--|------|-----|--------|---|--|---|
| 07/15  | Fire safety resources. Undertaking of fire risk assessments, training etc.  | Risk assessments, training, maintenance, audit                                     | 3    | 5   | 15     | 3 <sup>rd</sup> Fire Safety Adviser appointed May 2018  |  | Limited resources to review and to manage outcomes of fire risk assessments   |
| 11/15  | 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     | Develop training methods including potentially roles of fire wardens                          |  | Recent work at Singleton hospital has implemented bespoke training arrangements. Limited in other areas e.g. theatres |
| 02/17  | Develop and support managers to provide necessary skills in fire safety   | No specific management training scheme   | 3    | 4   | 12     | Develop training methods  |  | None due to resources etc.  |
| 11/15  | Evacuation strategies for bed bound patients - door frame size issues etc. (include SGH review)                                     | Identified at risk assessment  | 4    | 4   | 16     | Requirement to fully review areas to ensure effective systems in place                        |  | Good progress in Singleton Hospital. Risks better controlled in Tonna hospital  |
| 02/17  | Changes to Fire Brigade response strategy for NHS buildings   | Fire alarm systems, emergency plans and communication                              | 2    | 4   | 8      | Fire Brigade strategy confirmed for South Wales FB. Mid and West remains as previously        |  | Closed: both South Wales and Mid and West Wales Brigades operate similar arrangements                                 |
| 07/15  | Requirement to undertake fire evacuation drills in wards and departments  | Confirm wards and departments have effective arrangements for fire evacuation      | 2    | 3   | 6      | Limited number of fire drills held  |  | Strategy agreed by Health and Safety Committee but limited number of drills held in 2018                              |
| 11/15  | Development of capital programme for fire safety investment based upon fire audit, risk assessments etc.                            | Fire Safety group controls investment on allocated capital but no overall database | 2    | 4   | 8      | Develop comprehensive system linking fire risk assessments to maintenance and capital systems |  | No recent action  |
| 11/15  | Improve the reporting and investigation of fire safety  | Multiple reporting methods and   | 3    | 3   | 9      | Confirm strategy  |  | Mental Health Unit has agreed strategy  |

|       |   |                                     |   |   |    |   |  |  |
|-------|---|-------------------------------------|---|---|----|---|--|--|
|       | incidents with all events recorded on DATIX                                 | inaccuracy                          |   |   |    |   |  |  |
| 10/15 | Management of above ceiling breaches of fire compartmentation, surveys etc. | Limited controls in place           | 3 | 3 | 9  | Develop management strategy<br>Implement survey and remedial action     |  | No resources   |
| 07/18 | Singleton Cladding  | Does not meet current standards     | 3 | 5 | 15 | Develop operation controls<br>Develop capital programme for replacement |  | All wards now trained. Some equipment still required |
| 07/18 | Assurance regarding action from risk assessments                            | No consistent system and monitoring | 3 | 3 | 9  | Develop database and resources  |  | Review ongoing                                       |

### H&S Management

| Opened | Risk (in brief)  | Controls in Place                                 | Prob | Sev | Rating | Action  |  | Current Position  |
|--------|--|---|------|-----|--------|---|--|---|
| 07/15  | Setting up of Health and Safety standards  | H&S Committees, Policies, Incident reporting etc. | 3    | 3   | 9      | Review policies, develop improvement plans, review Committee structures |  | Generally achieved  |
| 07/15  | Effective arrangements for management of Health and Safety in SDU                        | Developing local SDU arrangements.                | 4    | 4   | 16     | Develop SDU H&S governance arrangements etc.                            |  | Some SDU Committees not active.                                     |
| 11/17  | Effective arrangements for management of Health and Safety in management (not SDU) units | Currently only in Estates and Hotel Services?     | 3    | 3   | 9      | Develop ABMU-wide governance arrangement                                |  |   |
| 6/18   | ABMU reorganisation  | Planning systems                                  | 3    | 3   | 9      | Review resources etc.   |  | Review ongoing as information becomes available regarding TUPE etc. |

### Incident Reporting

| Opened | Risk (in brief)  | Controls in Place                       | Prob | Sev | Rating | Action   |  | Current Position   |
|--------|--|---|------|-----|--------|--|--|--|
|        | Multiple codes available to report incidents. Risk of poor reporting, inconsistency of analysis etc. | Database cleansing by H&S team          | 3    | 3   | 9      | Review coding structure etc.                     |  | Review at all-Wales level to develop all Wales incident reporting system |
| 03/17  | Effective reporting, and investigation of Sharps injures   | DATIX Occupational Health/H&S procedure | 3    | 3   | 9      | Periodically audit all high-risk sharps injuries |  | Reviewed by Occupational Health and H&S                                  |

### Ionising Radiation

| Opened | Risk (in brief)  | Controls in Place             | Prob | Sev | Rating | Action                       |  | Current Position                  |
|--------|--|-------------------------------|------|-----|--------|------------------------------|--|-----------------------------------|
| 05/18  | Inadequate arrangements for the management of Radon gas sampling | Managed by Estates department | 3    | 4   | 12     | Develop strategy and funding |  | Strategy developed but no funding |

### Manual Handling

| Opened | Risk (in brief)   | Controls in Place                                  | Prob | Sev | Rating | Action  |  | Current Position  |
|--------|---|--|------|-----|--------|---|--|---|
| 11/15  | Develop training needs analysis for all wards and departments to clearly define competency systems, monitoring of competencies etc. | Policy Audits at ward and departmental level       | 3    | 4   | 12     | Incorporate into the work of Unit governance committees |  | Review following HSE inspection                           |
| 03/17  | Hoists and other equipment falling out of manufacturer's support  | Maintenance etc. but spares may become unavailable | 3    | 3   | 9      | Hoist replacement programme                             |  | £460k spent but £90k still required to complete programme |

### Occupational Health

| Opened | Risk (in brief)   | Controls in Place      | Prob | Sev | Rating | Action  |  | Current Position  |
|--------|---|------------------------|------|-----|--------|---|--|---|
| 11/16  | Improve cooperation and coordination between Health and Safety team and occupational Health departments | No formal arrangements | 3    | 3   | 9      | Develop arrangements for cooperation and coordination |  | Joint Committee developed. Work plan in place to review key areas of risk |

### Performance

| Opened | Risk (in brief)   | Controls in Place  | Prob | Sev | Rating | Action   |  | Current Position   |
|--------|---|--|------|-----|--------|--|--|--|
| 11/15  | Develop systems to provide assurance that health and safety managed effectively by ABMU                     | Committee Structures Improvement plan                                    | 3    | 4   | 12     | Develop effective arrangement including roles of Board, Units etc. |  | Recent Internal Audit report satisfactory                                    |
| 11/15  | Develop systems to provide assurance that health and safety managed effectively by Service Management Units | Limited range of active Committees<br>Limited numbers of managers active | 3    | 4   | 12     | Develop effective Unit H&S Committees                              |  | Committees still developing Limited assurance within work of some committees |
| 07/15  | Required policies for ABMU  | Policies   | 3    | 3   | 9      | Develop range of policies  |  | Some non-corporate polices still to be developed                             |

## Training

| Opened | Risk (in brief)   | Controls in Place                     | Prob | Sev | Rating | Action                                |  | Current Position                                  |
|--------|---|---------------------------------------|------|-----|--------|---------------------------------------|--|---|
| 09/18  | Loss of ABMU training rooms on Cwm Taff Unit at Glanrhyd Hospital | Review as part of ABMU reorganisation | 2    | 5   | 10     | Review as part of ABMU reorganisation |  | Await confirmation of structures and budgets etc. |

## Violence and Aggression

| Opened | Risk (in brief)   | Controls in Place   | Prob | Sev | Rating | Action  |  | Current Position                    |
|--------|---|---|------|-----|--------|---|--|-------------------------------------|
| 07/15  | 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    | 3   | 9      | Review and agree strategy with SDU including areas requiring more specialist training |  | Agreed with two SDU                 |
| 07/15  | Resources and systems to develop enhanced training for non-deliberate violence in acute hospitals                                   | Some training but not consistent approach                 | 3    | 3   | 9      | Review and agree strategy with SDU including areas requiring more specialist training |  | Agreed with one SDU                 |
| 07/15  | Confirm the effectiveness of lone worker arrangements   | Procedure, training                                       | 3    | 3   | 9      | Include in Unit annual improvement plans  |  | Primary care Unit to review 2018-19 |

## VDU

| Opened | Risk (in brief)   | Controls in Place  | Prob | Sev | Rating | Action                            |  | Current Position   |
|--------|---|--|------|-----|--------|-----------------------------------|--|--|
| 11/16  | Effective arrangements for the management of VDU safety | Risk assessment, training etc. but not consistent approach | 2    | 3   | 6      | Review risk assessment procedures |  | Draft procurement strategy for service developed and awaiting tender |