



# HEALTH BOARD RISK REGISTER December 2021

(Incorporating management updates received by 7<sup>th</sup> January 2022)

## RISKS ASSIGNED TO THE HEALTH & SAFETY COMMITTEE

<b>Datix ID Number: 841</b> <b>Health &amp; Care Standard: Safe Care 2.1 Managing Risk &amp; Promoting Health &amp; Safety</b>		<b>HBR Ref Number: 13</b> <b>Target Date: 31<sup>st</sup> March 2022</b>		<b>Current Risk Rating</b> <b>4 x 3 = 12</b>																																								
<b>Objective:</b> Best Value Outcomes		<b>Director Lead:</b> Inese Robotham, Chief Operating Officer / Sian Harrop-Griffiths, Director of Strategy <b>Assuring Committee:</b> Health and Safety Committee <b>Date last reviewed:</b> December 2021																																										
<b>Risk: Health &amp; Safety Compliance</b> – Environment of Premises. Risk relates to compliance in terms of appropriate accommodation in line with Health and Safety Regulations.		<b>Rationale for current score:</b> HSE issued ten improvement notices in 2012 relating to accommodations not meeting statutory/health and safety requirements. This could have an adverse impact on citizens, staff, financial and operational performance.																																										
<b>Risk Rating</b> (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 3 = 12 Target: 4 x 3 = 12		<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>Jan-21</td><td>12</td><td>12</td></tr> <tr><td>Feb-21</td><td>12</td><td>12</td></tr> <tr><td>Mar-21</td><td>12</td><td>12</td></tr> <tr><td>Apr-21</td><td>12</td><td>12</td></tr> <tr><td>May-21</td><td>12</td><td>12</td></tr> <tr><td>Jun-21</td><td>12</td><td>12</td></tr> <tr><td>Jul-21</td><td>12</td><td>12</td></tr> <tr><td>Aug-21</td><td>12</td><td>12</td></tr> <tr><td>Sep-21</td><td>12</td><td>12</td></tr> <tr><td>Oct-21</td><td>12</td><td>12</td></tr> <tr><td>Nov-21</td><td>12</td><td>12</td></tr> <tr><td>Dec-21</td><td>12</td><td>12</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Jan-21	12	12	Feb-21	12	12	Mar-21	12	12	Apr-21	12	12	May-21	12	12	Jun-21	12	12	Jul-21	12	12	Aug-21	12	12	Sep-21	12	12	Oct-21	12	12	Nov-21	12	12	Dec-21	12	12	<b>Rationale for target score:</b> Risk assessments of premises.	
Month	Risk Score	Target Score																																										
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Dec-21	12	12																																										
<b>Level of Control</b> = 90%																																												
<b>Date added to the HB risk register</b> April 2012																																												
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																																										
<ul style="list-style-type: none"> <li>Key areas where performance linked to health &amp; safety/fire issues. Health &amp; Safety and Quality &amp; Safety Committees and agreed actions to mitigate impacts.</li> <li>Actions addressed through site meetings trade improvements on the 2 acute hospital sites.</li> <li>Primary Care premises, audits commissioned and delayed due to covid.</li> </ul>		<b>Action</b>		<b>Lead</b>		<b>Deadline</b>																																						
		The Health Boards 'Change for the Future' which is about improving access to services, will include a review of the whole estate and its suitability		Assistant Director of Operations (Est) & Assistant Director of Strategy (Capital)		31/03/2022																																						
		There is a 6 facet survey scheduled to be completed by 31/03/22 covering the occupancy and utilisation of the various sites		Assistant Director of Operations (Est)		31/03/2022																																						
		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, with a draft report targeted for 31/12/21		Service Group Director (PCT) & Assistant Director of Health & Safety		31/12/2021																																						
		Work is being progressed to understand the detail in each of the leased properties to ensure appropriate levels of responsibility are identified for the landlord and the tenant/occupier		Service Group Director (PCT) supported by ADoOperations (Est), ADoStrategy (Capital) and ADoH&S		31/03/2022																																						
<b>Assurances (How do we know if the things we are doing are having an impact?)</b>				<b>Gaps in assurance (What additional assurances should we seek?)</b>																																								

**Additional Comments**

Update 12/11/21: Action closed - Develop a strategy to improve primary & community services estate. 4 new actions added.

<b>Datix ID Number: 1043</b> <b>Health &amp; Care Standard: Effective Care 3.1 Clinically Effective Care</b>		<b>HBR Ref Number: 36</b> <b>Target Date: 31<sup>st</sup> March 2022</b>		<b>Current Risk Rating</b> <b>4 x 4 = 16</b>																																								
<b>Objective:</b> Digitally enabled care		<b>Director Lead:</b> Matt John, Director of Digital <b>Assuring Committee:</b> Audit Committee																																										
<b>Risk: Paper Record Storage:</b> 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.		<b>Date last reviewed:</b> December 2021																																										
<b>Risk Rating</b> (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 3 x 3 = 9		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>9</td><td>12</td></tr> <tr><td>Feb-21</td><td>9</td><td>12</td></tr> <tr><td>Mar-21</td><td>9</td><td>16</td></tr> <tr><td>Apr-21</td><td>9</td><td>16</td></tr> <tr><td>May-21</td><td>9</td><td>16</td></tr> <tr><td>Jun-21</td><td>9</td><td>16</td></tr> <tr><td>Jul-21</td><td>9</td><td>16</td></tr> <tr><td>Aug-21</td><td>9</td><td>16</td></tr> <tr><td>Sep-21</td><td>9</td><td>16</td></tr> <tr><td>Oct-21</td><td>9</td><td>16</td></tr> <tr><td>Nov-21</td><td>9</td><td>16</td></tr> <tr><td>Dec-21</td><td>9</td><td>16</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Jan-21	9	12	Feb-21	9	12	Mar-21	9	16	Apr-21	9	16	May-21	9	16	Jun-21	9	16	Jul-21	9	16	Aug-21	9	16	Sep-21	9	16	Oct-21	9	16	Nov-21	9	16	Dec-21	9	16	<b>Rationale for current score:</b> 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	
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<b>Level of Control</b> = 70%		<b>Rationale for target score:</b> 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.																																										
<b>Date added to the HB risk register</b> June 2016																																												
<b>Controls (What are we currently doing about the risk?)</b>			<b>Mitigating actions (What more should we do?)</b>																																									
<ul style="list-style-type: none"> <li>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)</li> <li>Records managed by the Medical Records libraries are RFID tagged and location tracked</li> <li>Medical Record libraries are regularly risk assessed for fire by health and safety</li> <li>Alternative offsite storage arrangements have been identified.</li> <li>All records must be documented on the Information Asset Register (IAR)</li> </ul>			<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																																							
			Develop Business Case for improved storage solution for both paper and digital records.	Head of Health Records & Clinical Coding	31 <sup>st</sup> March 2022																																							
<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"> <li>RFID has been implemented for the acute record improving the management and storage of records</li> <li>Health Records performance reports developed in line with RFID technology</li> <li>Attainment of the Tier 1 Health Board target for clinical coding completeness which relies on the timely availability and quality of the Paper record and electronic sources</li> <li>Monitoring complaints and incident reporting.</li> <li>Electronic record is being implemented in accordance with the plan eg implementation of WNCR, ETR, HEPMA etc.</li> </ul>			<b>Gaps in assurance (What additional assurances should we seek?)</b> Investment required supporting the delivery and operational costs of the Digital strategy. Reliance on NWIS for delivery of the solution for a fully electronic patient record. Impact of the Infected Blood Enquiry on the Health Boards ability to destroy notes. 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.																																									

	Impact of the infected Blood Inquiry on the health boards ability to destroy notes has considerably increased the pressure on storage capacity and negating some of the mitigating actions that are in place.
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**Additional Notes**

Update 17.11.21 – Action completed - Complete convergence with WCP (replace ABMU Clinical Portal with Welsh Clinical Portal at all inpatient locations)

<b>Datix ID Number: 1567</b> <b>Health &amp; Care Standard: Safe Care 2.1 Managing Risk &amp; Promoting Health &amp; Safety</b>		<b>HBR Ref Number: 41</b> <b>Target Date: February 2024</b>		<b>Current Risk Rating</b> <b>4 x 4 = 16</b>																																								
<b>Objective:</b> Best Value Outcomes		<b>Director Lead:</b> Gareth Howells, Executive Director of Nursing <b>Assuring Committee:</b> Health and Safety Committee																																										
<b>Risk: Fire Regulation Compliance</b> 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.		<b>Date last reviewed:</b> December 2021																																										
<b>Risk Rating</b> (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 Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>9</td><td>12</td></tr> <tr><td>Feb-21</td><td>9</td><td>12</td></tr> <tr><td>Mar-21</td><td>9</td><td>20</td></tr> <tr><td>Apr-21</td><td>9</td><td>20</td></tr> <tr><td>May-21</td><td>9</td><td>16</td></tr> <tr><td>Jun-21</td><td>9</td><td>16</td></tr> <tr><td>Jul-21</td><td>9</td><td>16</td></tr> <tr><td>Aug-21</td><td>9</td><td>16</td></tr> <tr><td>Sep-21</td><td>9</td><td>16</td></tr> <tr><td>Oct-21</td><td>9</td><td>16</td></tr> <tr><td>Nov-21</td><td>9</td><td>16</td></tr> <tr><td>Dec-21</td><td>9</td><td>16</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Jan-21	9	12	Feb-21	9	12	Mar-21	9	20	Apr-21	9	20	May-21	9	16	Jun-21	9	16	Jul-21	9	16	Aug-21	9	16	Sep-21	9	16	Oct-21	9	16	Nov-21	9	16	Dec-21	9	16	<b>Rationale for current score:</b> Cladding applied to Singleton Hospital front flank is not compliant with fire regulations. General compliance with fire regulations and WHTM/WHBN requirements. Risk reduced from 20 to 16.	
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Nov-21	9	16																																										
Dec-21	9	16																																										
<b>Level of Control</b> = 50%		<b>Rationale for target score:</b> 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.																																										
<b>Date added to the HB risk register</b> 31/05/2018																																												
<b>Controls (What are we currently doing about the risk?)</b>			<b>Mitigating actions (What more should we do?)</b>																																									
<ul style="list-style-type: none"> <li>• Fire risk assessments.</li> <li>• Evacuation plans (vertical and horizontal).</li> <li>• Fire safety training.</li> <li>• Professional advice sought on compliance of panels.</li> <li>• East flank panels removed</li> <li>• Business case being developed for south panel removal and updating.</li> </ul>			<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 &amp; Safety</td> <td>28<sup>th</sup> February 2024</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<sup>th</sup> February 2024</td> </tr> </tbody> </table>	Action	Lead	Deadline	Change in fire evacuation plans and alarm and detection cause and effect	Head of Health & Safety	28 <sup>th</sup> February 2024	Replacing the existing cladding and insulation with alternative specifications and inserting 30 minute fire cavity barriers where appropriate	Service Improvement Manager	28 <sup>th</sup> February 2024																																
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<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"> <li>• Monitoring through the H&amp;S committee to receive assurance and or identify gaps for key compliance and adherence to applicable legislation.</li> <li>• NWSSP internal audits</li> <li>• Site visits/tours to identify compliance and gaps in compliances.</li> <li>• Completion of FRA's within targeted schedule</li> </ul>			<b>Gaps in assurance (What additional assurances should we seek?)</b> 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.																																									
<b>Additional Comments</b> 11/11/21: Due to ongoing expert investigations and the additional asbestos removal, plus adverse weather conditions the overall program has had to be reviewed, with a new completion date of February 2024. It is possible this may slip further if the expert investigations are required throughout all phases. As the fire integrity of the building will not be completed until 2024 or later, this will impact on the ability to reduce the risk rating at present and will be continually reviewed. Historical risk relating to improvement notice in MH&LD service had been addressed previously, so the risk description has been refreshed accordingly.																																												

<b>Datix ID Number: 2159</b>		<b>HBR Ref Number: 64</b>		<b>Current Risk Rating</b>																																								
<b>Health &amp; Care Standard: Safe Care 2.1 Managing Risk &amp; Promoting Health &amp; Safety</b>		<b>Target Date: 31<sup>st</sup> August 2023</b>		<b>5 X 5 = 25</b>																																								
<b>Objective:</b> Best Value Outcomes			<b>Director Lead:</b> Gareth Howells, Executive Director of Nursing <b>Assuring Committee:</b> Health and Safety Committee																																									
<b>Risk:</b> 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 .			<b>Date last reviewed:</b> December 2021																																									
<b>Risk Rating</b> (consequence x likelihood): Initial: 5 x 4 = 20 Current: 5 x 5 = 25 Target: 4 x 3 = 12		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>12</td><td>20</td></tr> <tr><td>Feb-21</td><td>12</td><td>20</td></tr> <tr><td>Mar-21</td><td>12</td><td>25</td></tr> <tr><td>Apr-21</td><td>12</td><td>25</td></tr> <tr><td>May-21</td><td>12</td><td>25</td></tr> <tr><td>Jun-21</td><td>12</td><td>25</td></tr> <tr><td>Jul-21</td><td>12</td><td>25</td></tr> <tr><td>Aug-21</td><td>12</td><td>25</td></tr> <tr><td>Sep-21</td><td>12</td><td>25</td></tr> <tr><td>Oct-21</td><td>12</td><td>25</td></tr> <tr><td>Nov-21</td><td>12</td><td>25</td></tr> <tr><td>Dec-21</td><td>12</td><td>25</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Jan-21	12	20	Feb-21	12	20	Mar-21	12	25	Apr-21	12	25	May-21	12	25	Jun-21	12	25	Jul-21	12	25	Aug-21	12	25	Sep-21	12	25	Oct-21	12	25	Nov-21	12	25	Dec-21	12	25	<b>Rationale for current score:</b> The Health Board received 12 Health & Safety Executive (HSE) improvement notices during 2019-20 covering various Health & Safety legislative breaches covering a range of areas. There is the potential for future multiple notices for not meeting legislative requirements	
Month	Target Score	Risk Score																																										
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<b>Level of Control</b> = 70%		<b>Rationale for target score:</b> 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.		<b>Date added to the HB risk register</b> September 2019																																								
<b>Controls (What are we currently doing about the risk?)</b>			<b>Mitigating actions (What more should we do?)</b>																																									
<ul style="list-style-type: none"> <li>Assistant Director of Health and Safety in post to support strengthening and develop the H&amp;S function to support the organisation. Business case submitted for additional resources.</li> <li>Health and Safety Operational Group and the Health and Safety Committee monitor compliance. Refreshed the Fire Safety Group with additional controls in place.</li> <li>Fire risk assessments are being prioritised with temporary additional resources put in place in March 2021 to reduce the number of FRA overdue.</li> <li>Fire training in place and fire wardens in place</li> </ul>			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Health and safety department structure reviewed and proposals &amp; business case produced. Discussion ongoing to determine funding.</td> <td>Assistant Director of H&amp;S</td> <td>31<sup>st</sup> December 2021</td> </tr> <tr> <td>The two fire safety posts will be advertised W/C 15/11/21, with interviews scheduled for December 21, with posts being filled between January - March 2022.</td> <td>Assistant Director of H&amp;S</td> <td>31<sup>st</sup> March 2022</td> </tr> <tr> <td>Health and safety structure review to be presented to the H&amp;S Committee when funding has been agreed. The Target date has been adjusted to reflect this.</td> <td>Assistant Director of H&amp;S</td> <td>31<sup>st</sup> January 2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	Health and safety department structure reviewed and proposals & business case produced. Discussion ongoing to determine funding.	Assistant Director of H&S	31 <sup>st</sup> December 2021	The two fire safety posts will be advertised W/C 15/11/21, with interviews scheduled for December 21, with posts being filled between January - March 2022.	Assistant Director of H&S	31 <sup>st</sup> March 2022	Health and safety structure review to be presented to the H&S Committee when funding has been agreed. The Target date has been adjusted to reflect this.	Assistant Director of H&S	31 <sup>st</sup> January 2022																											
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<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"> <li>Monitoring through the appropriate group/committees (H&amp;S committee) to receive assurance and or identify gaps for key compliance and adherence to applicable legislation.</li> <li>Site visits/tours to identify compliance and gaps in compliances.</li> </ul>			<b>Gaps in assurance (What additional assurances should we seek?)</b> Agreement of funding for resources identified in business case to implement structure in business case by Q2/3 2022/23 financial year.																																									
<b>Additional Comments</b>																																												
11/11/21: The two fire safety posts will be advertised W/C 15/11/21, with interviews scheduled for December 21, with posts being filled between January - March 2022. This is only one discipline within the H&S team and awaiting confirmation of funding for the remainder of the posts in the business case. There will be no reduction in the risk rating initially, with the potential to reduce the risk rating by 31 July 2022																																												

<b>Datix ID Number: 2377</b> <b>Health &amp; Care Standard: Staff &amp; Resources 7.1 Workforce</b>		<b>HBR Ref Number: 76</b> <b>Target Date: 31<sup>st</sup> March 2022</b>		<b>Current Risk Rating</b> <b>5 x 3 = 15</b>																																								
<b>Objective:</b> Partnerships for Care		<b>Director Lead:</b> Debbie Eytayo, Director of Workforce & OD <b>Assuring Committee:</b> Workforce & OD Committee, Health & Safety Committee <b>Date last reviewed:</b> December 2021																																										
<b>Risk: Partnership Working</b> There are growing tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the workforce and hamper an effective response to COVID-19.		<b>Rationale for current score:</b> Work is underway to improve the management /staff side partnership relationship. Facilitated workshops took place in October 2021, from which an action plan to continue to build on improving the relationship will be developed. Both parties have agreed a reset.																																										
<b>Risk Rating</b> (consequence x likelihood): Initial: 5 x 5 = 25 Current: 5 x 3 = 15 Target: 5 x 1 = 5		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>5</td><td>5</td></tr> <tr><td>Feb-21</td><td>5</td><td>5</td></tr> <tr><td>Mar-21</td><td>5</td><td>5</td></tr> <tr><td>Apr-21</td><td>5</td><td>5</td></tr> <tr><td>May-21</td><td>5</td><td>20</td></tr> <tr><td>Jun-21</td><td>5</td><td>15</td></tr> <tr><td>Jul-21</td><td>5</td><td>15</td></tr> <tr><td>Aug-21</td><td>5</td><td>15</td></tr> <tr><td>Sep-21</td><td>5</td><td>15</td></tr> <tr><td>Oct-21</td><td>5</td><td>15</td></tr> <tr><td>Nov-21</td><td>5</td><td>15</td></tr> <tr><td>Dec-21</td><td>5</td><td>15</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Jan-21	5	5	Feb-21	5	5	Mar-21	5	5	Apr-21	5	5	May-21	5	20	Jun-21	5	15	Jul-21	5	15	Aug-21	5	15	Sep-21	5	15	Oct-21	5	15	Nov-21	5	15	Dec-21	5	15	<b>Rationale for target score:</b> Mutual trust and respect. High quality relationships with staff contribution to decision making which would support service improvement and efficiency.	
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<b>Level of Control</b> = 25%																																												
<b>Date added to the HB risk register</b> May 2021																																												
<b>Controls (What are we currently doing about the risk?)</b>			<b>Mitigating actions (What more should we do?)</b>																																									
<ul style="list-style-type: none"> <li>Frequent meetings will continue to take place, supplemented by local discussions when required.</li> <li>Employees will be encouraged to raise concerns via existing mechanisms and directly to the Chief Executive.</li> <li>Chief Executive and other Executive Directors will attend HB Partnership Forum on a regular basis. Partnership principles and ways of working will be emphasised as the most effective approach to secure progress.</li> <li>The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum. Frequent meetings will continue to take place, supplemented by local discussions when required.</li> <li>Facilitated Partnership workshops took place in October 2021 where all parties agreed to draw the line around historical issues and move forward. A number of measures have been introduced to close this risk including an agreed action plan which was produced from agreed actions from the workshop.</li> </ul>			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.</td> <td>Assistant Director of Workforce &amp; OD</td> <td>31<sup>st</sup> March 2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.	Assistant Director of Workforce & OD	31 <sup>st</sup> March 2022																																	
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<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"> <li>Monitored through range of contact points with staff side organisation mainly LPF and other routine meetings interaction with staff side. Reduction in direct action by staff side and the issue of PPE not being consistently raised through formal channels media etc.</li> </ul>			<b>Gaps in assurance (What additional assurances should we seek?)</b> N/A																																									



**Additional Comments.**

Dec 2021 update:

- Joint action plan to be presented at HBPF in January 22.
- Health Board to facilitate Staff Side chair attending Management Board meeting.

**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 which require immediate attention rather than spending time on areas which are, relatively, a lower priority.

Risk Matrix	LIKELIHOOD (*)				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
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